COVID-19 ON TRIAL

CRITICAL ANALYSES OF A "PANDEMIC"

COVID-19 ON TRIAL

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Critical Analyses of a "Pandemic"

The circle with the Cross
These make for the sign that all thou hast heard is fulfilled in Him

Hospitallers Order of the Good News

The Lord He Is God

Trust in Him who Is the Way

Keep thy faith in Him, that All will be and is right!

And make thy life, thy activities in accord with same!

Book Title: COVID-19 ON TRIAL
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Book Images by : Yaroslav Danylchenko & Cottonbro
ISBN:

First Edition: 2021

Book Nº

In Gratitude To

This Book is dedicated to the following:

To the God of Abraham: Who Is The God of Humankind, Our One and Only Lord and Saviour The Christ.

We Dedicate this Book to: to all those who have perished at the hands of ignorant men; To all those Wise Men who understood the difference between what is right and what is wrong; To those wise ones, who are ever present and let not fall civilization.

"The Lord He is God"

Has in the Oneness of the Living God the Christ Our Lord and Saviours, so it is in the oneness of comprehension and understanding in which those points of truth these authors all conclude and agree upon.

And as a result on which they all agreement this book is produced and given as a testimony that: "The Lord He is God", and the Lord walks with us everyday, even if you do not see Him, He is with us, He is with those who ask for Him for the Lord Is God of Humankind.

These are not vain words, but are those words from those who know The Lord, His Ways, His Coming.

And many others whose names do not appear here but they know who they are.

To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

Acknowledgements

The collective knowledge generated from academic research summarized in various references has been critical in the creation of this published work, which is best viewed as a comprehensive compilation and collection of published information by many authors throughout the ages, as well as personal and clinical experience in the treatment of self and others.

This work was possible only by the guidance and Light of Christ who Is God. A special thanks also to those who work with Him and help all of us. May each individual be able, to find this eternal truth, while on earth.

Credits and References

Although all credits and references where given to the best of our knowledge and information contained in the central archives of the Hospitallers Order of the Good News.

If there is any errors or mistakes we kindly ask the reader to allow the knowledge of such items in order to rectify same in future editions of the present Book.

Health and Therapeutic Journals and Books

The present work rests upon the foundations of those civilization luminaries, men and woman of exceptional talent, intuition, and detailed observation. Furthermore it was a privilege to us, for them to have the dedication and time to write and publish their clinical findings.

There is then a vast amount of Journals and Books devoted to the Health and Therapeutics. Of these printed records those from 1850 to 1950 in this one hundred year period we specially encounter that the majority of what is to be known concerning disease its origin and its treatment and

cure, where in fact correctly identified. These records, in their collective, contain timeless observations of which many remain permanent truths. These pearls are hidden from plain sight, only the adept or the initiated can identify them and pick one by one, from the surrounding confusion.

Sources

This book is a Record of the clinical findings of many great Health Practitioners, their findings remain the same throughout the centuries. All share the same conclusion. The Truth is in plain site.

Apart from the Archives of the Hospitallers Order of the Good News Library, we are also very grateful to all libraries, who have kept books for the last 200 years, those of which by their keeping allowed the information on those books to survive, and be upon their withdrawn from their keeping available to purchase by the Order, and kept in its Archives and Library.

The Hospitallers Order of the Good News, has therefore obtained many of this rare Books, many of which are not available, nor found in libraries, for this we thank The Lord who Is God, for having placed the same in keeping of the Order.

Errors & Omissions

Although the editor, publisher have made every effort to ensure that the information in this book was correct at press time, the editor, publisher do not assume and hereby disclaim any liability to any party, for any loss, damage, or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident, or any other cause. Much care was taken to avoid any errors or omissions, if any do exist, please let us know, in order to correct same in any future editions.

Dedication

"To the victims, past and present, rich and poor, of Adulterated Food, Patent Medicines, Compulsory Vaccination, Abuse of Surgery, booze-guzzling, industrial diseases, autocracy of dress, false modesty, sex ignorance, and conventional hypocrisy; to those, who never had a real opportunity to learn the truth, being kept in ignorance through the vicarious and popular channels of misinformation.

To those, whose nerves, muscles, bones, marrow, and blood have been converted into dollars and cents under, the iron heel of commercial greed, in the name of health, science, and benevolence; to those, whose inner and better selves remain crushed and stifled as a result of monotonous, loveless lives, tyrannical and fanatic parents, and uninspiring surroundings in general; to the patient "sons of toil," who constantly undermine their health and risk their lives, making it possible for us to appreciate art, music, literature, culture, and invention that the genius of human brain has brought forth, yet have for themselves little in return, save fatigue, malnutrition, soul-starvation, ***anxiety, fear****, filth and premature death.*

To all these victims of our seething, restless, debauching, artificial, and health-wrecking era, impudently labelled "civilized". I affectionately and hopefully dedicate this book." - Dr Simon Louis Katzoff, MD, in ***"Timely Truths on Human Health"****, 1921.*

"The present work is written for the double purpose of correcting error, and imparting truth. Its purpose is not to attack men, nor systems, but simply to state facts by which their pretensions may be judged. " - Dr. Frederick Hollick, MD in "Neuropathy, or The true principles of the art of healing the sick" 1847.

Disclaimer

"The content of this Book is based on research conducted by the Members of the Hospitallers Order of the Good News, unless otherwise noted. The information is presented for educational purposes only and is not intended to diagnose or prescribe for any so-called "medical" or "psychological" "condition", nor to prevent, treat, mitigate or cure such "conditions". The information contained herein is not intended to replace a one-on-one relationship with a qualified healthcare professional. This information is not intended as "medical" advice, but rather a sharing of knowledge and information based on research and experience.

The Hospitallers Order of the Good News encourages the reader to make your own health Care decisions based on your judgment and research in partnership with a qualified Health Care Professional. These statements have not been evaluated by the Food and Drug Administration, in the USA. The information on this Book is not intended to diagnose, treat, cure or prevent any disease."

As sad it may be, that one is forced to place such a disclaimer, just serves to illustrate the state where the present civilization is at the moment. **A civilization founded on lies has no future**, a civilization based on false or fake pretences has no future, a civilization that follows political correctness is fake by proxy. To sustain the present civilization is to sustain a lie. Thus the solution is to establish a new civilization, this if Humankind will ever have a chance to develop on Earth.

In that the End of Times and the Beginning of a New Era, 2021

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Introduction

How long it took for him to figure out something was wrong?

"It took me 5 minutes to know that it was a Fraud. It took me another almost 4 hours of Mathematical Modelling to prove that it was a Fraud." *- Harry Markopolos, in "The man who figured out Madoff's Ponzi scheme", 60 Minutes, CBS News, 1 March 2009.*

"There is an Epidemic of Misinformation rooted in biased research that is funded for profit, rather than patient benefit." *- Dr Aseem Malhotra, MD, one of the most influential cardiologists in Britain, 2019.*

"The flu killed "50 Million" people in ***1918-1919, with an average age of death of 28.***
By contrast, the average age of death from COVID-19 is 79, with multiple co-morbidities. *So you are correct, COVID-19 does not affect the body like the flu." - Tony Heller, on "Twitter", 6 May 2021.*

"I read an article the other day that claimed, that ***the majority of deaths were from the people who got the vaccine that year.*** *Not sure how accurate that is, but it's something to think about, being that* ***my worst flu years used to be the years I got the flu vaccine as a kid."*** *- Thomas Jerison, on "Twitter", 6 May 2021*

"The invention of pseudo-diseases to create new markets." *- Professor Dr. Seamus O'Mahony, MD in "Can Medicine Be Cured? The Corruption of a Profession", 2019.*

"UK Government Pandemic Advertising tops £240 Million in 2020." *- in " More About Advertising", 22 March 2021.*

"When Has a ***"Deadly Pandemic"*** *Ever Needed a* ***Marketing Campaign?"***

"I have SARS. There's only a 98% chance that I will live." *- Randy Marsh, in "@SouthPark", 23 January 2013.*

"When the history of this madness is written, and there will be hundreds of books on it over the next few years, reputations will be slaughtered. There will be blood in the gutter because of the obvious insanity of what's happening on a scale that's never been seen before." *- Dr Roger Hodkinson, Pathologist, educated at Cambridge University, University College Hospital Medical School London, University of British Columbia, in "The Exposé", 23 May 2021.*

This book is the 3rd Book on the Trilogy of COVID-19 The UN-Told Story.

Please read:

1. "Medicine The Lies, The Greed & The Death: Includes - COVID-19 THE UN-TOLD STORY", 2021.

2. "The Nescience of Medicine: Includes - COVID-19 THE UN-TOLD STORY Part 2", 2021.

Chapter 1

The Nuremberg Code

"The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment." **-** in "Nuremberg Code", **Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10, Vol. 2, Washington, D.C.,** U.S. Government Printing Office, 1949.

Nuremberg 2.0

"What has been happening for more than a year now, these are the worst crimes against humanity, ever committed.

This is worse than what happened in Word War II, and of-course what has happened in World War I.

What is even worse is that so many people, are participating in this. The same type of people who participated some 80 years ago in what was then, was going to be War World II.

This are the words of an Holocaust Survivor.

The Medical Doctors, not all of them of-course, but 80% to 90% of the Doctors not just here in Germany, but others countries as well.

Those countries which are under the influence of the West, where this is really, this all game plane is really rolled out, so much pressure is being applied on the governments. But is different in other countries like in Africa where they may have the same rules like mask mandates but people don't care.

The plan doesn't quite seems to be working by all these mistakes that are happening." - Reiner Fuellmich in "Reiner Fuellmich on suing the WHO for **"Crimes Against Humanity"**, 2 April 2021.

Reiner Fuellmich is in preparations to take the World Health Organization (WHO), the Bill & Melinda Gates Foundation, and Other Key Players to court for "Crimes Against Humanity".

He is one of the most experienced and successful lawyer in Europe, "admitted to the Bar in Germany, and in California for 26 years, practising law primarily as a trial lawyer against fraudulent corporations such as Deutsche Bank, formerly one of the world's largest and most respected banks, today one of the most toxic criminal organizations in the world", and is currently preparing the largest class action lawsuit in history, otherwise known as "Nuremberg 2.0".

"This corona crisis, according to all we know today, must be renamed a "Corona Scandal", and those responsible for it must be criminally prosecuted and sued for civil damages." - *Reiner Fuellmich, in "Crimes Against Humanity", October 2020.*

"I'm looking forward to Nuremberg 2.0. Your "science" will eventually be recognised for the voodoo that it is. I'm serious, by the way - those who have committed crimes against humanity, atrocities against the innocent - they must be held to account." *- Graham Neary in "Twitter", 19 March 2021.*

"Here's the latest raw data for Irish death registrations - released today. I publish these every month when I get them. For a long time now, they have proven that the "Covid" numbers reported by Government and Media are fraudulent. But the fraud continues." *- Graham Neary in "Twitter", 19 May 2021.*

WMA Declaration of Helsinki

Ethical Principles for Medical Research
Involving Human Subjects

"Adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964, and amended by the:
29th WMA General Assembly, Tokyo, Japan, October 1975.
35th WMA General Assembly, Venice, Italy, October 1983.
41st WMA General Assembly, Hong Kong, September 1989.
48th WMA General Assembly, Somerset West, Republic of South Africa, October 1996.
52nd WMA General Assembly, Edinburgh, Scotland, October 2000.
53rd WMA General Assembly, Washington DC, USA, October 2002 (Note of Clarification added).
55th WMA General Assembly, Tokyo, Japan, October 2004 (Note of Clarification added).
59th WMA General Assembly, Seoul, Republic of Korea, October 2008.
64th WMA General Assembly, Fortaleza, Brazil, October 2013.

Informed Consent

"25. Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary.

Although it may be appropriate to consult family members or community leaders, no individual capable of giving informed consent may be enrolled in a research study unless he or she freely agrees.

26. In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest,

institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study.

The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal.

Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information.

After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject's freely-given informed consent, preferably in writing.

If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed.

All medical research subjects should be given the option of being informed about the general outcome and results of the study." - in , The World Medical Association, 9th July 2018.

The Vaccine Programme Has Been Rolled out in Breach of the Legal Requirements for Clinicians to obtain the Free and Informed Consent of Those Being Vaccinated

Please see letter in Annex to:

Sir Simon Stevens
Chief Executive Officer
National Health Service (NHS) England

Three Major Questions

"The three major questions to be answered in the context of a judicial approach to the Corona Scandal are:

1. Is there a "Corona Pandemic" or is there only a ""PCR-Test pandemic"? Specifically, does a positive PCR-test result mean that the person tested is infected with Covid-19, or does it mean absolutely nothing in connection with the Covid-19 infection?

2. Do the so-called anti-corona measures, such as the lockdown, mandatory face masks, social distancing, and quarantine regulations, serve to protect the world's population from corona, or do these measures serve only to make people panic so that they believe – without asking any questions – that their lives are in danger, so that in the end the pharmaceutical and tech industries can generate huge profits from the sale of PCR tests, antigen and antibody tests and vaccines, as well as the harvesting of our genetic fingerprints?

3. Is it true that the German government was massively lobbied, more so than any other country, by the chief protagonists of this so-called corona pandemic:

Christian Drosten, Virologist at Charity Hospital in Berlin;
Lothar H. Wieler, President of Robert Koch Institute, German equivalent of the CDC; and
Tedros Adhanom, Director-General of the World Health Organization (WHO);
Because Germany is known as a particularly disciplined country and was therefore to become a role model for the rest of the world for its strict and, of course, successful adherence to the corona measures?

Answers to these 3 questions are urgently needed, because the allegedly new and "highly dangerous coronavirus" has not caused any excess mortality anywhere in the world, and certainly not in Germany.

But the anti-corona measures, whose only basis are the PCR-test results, which are in turn all based on the German Drosten Test, which have, in the meantime, caused the loss of innumerable human lives and have destroyed the economic existence of countless companies and individuals worldwide.

In Australia, people are thrown into prison if they do not wear a mask, or do not wear it properly, as deemed by the authorities.

In the Philippines, people who do not wear a mask, or do not wear it properly, in this sense, are getting shot in the head.

World Health Organization & Pharmaceutical Industry

The WHO, which is closely intertwined with the global Pharmaceutical Industry, was able to declare the "Swine Flu Pandemic" in 2009, with the result that vaccines were produced and sold worldwide on the basis of contracts that have been kept secret until today.

These vaccines proved to be completely unnecessary because the swine flu eventually turned out to be a mild flu, and never became the horrific plague that the pharmaceutical industry and its affiliated universities kept announcing it would turn into, with millions of deaths certain to happen if people didn't get vaccinated.

Fast forward to March 2020, when the German Bundestag announced an Epidemic Situation of National Importance, which is the German equivalent of a pandemic in March 2020, and based on this, **the lockdown with the suspension of all essential constitutional rights for an unforeseeable time, there was only one single opinion** on which the Federal Government in Germany based its decision.

In an outrageous violation of the universally accepted principle "audiatur et altera pars", which means that one must also hear the other side, **the only person they listened to was Mr Drosten, the very person whose horrific, panic-inducing prognoses had proved to be catastrophically false 12 years earlier."** - Reiner Fuellmich, in "Crimes Against Humanity", October 2020.

UNESCO Universal Declaration on Bioethics and Human Rights

"Article 6 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.

The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent.

Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice.

Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought.

In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent." - in "Universal Declaration on Bioethics and Human Rights", United Nations Educational, Scientific and Cultural Organization UNESCO, 19 October 2005.

Because The Federal Government Doesn't do It

BILD Asks all Children for their Forgiveness!

"To the millions of children in this country for whom our society is responsible. I want to express here what neither our government nor our Chancellor dares to tell you: we ask you to forgive us.

Forgive us for this policy which, for a year and a half, has made you victims of Violence, Neglect, Isolation, and Loneliness.

Sorry for this policy and media coverage which like poison, made you feel like you were a mortal danger to society. You are not a danger to society. Don't believe this lie.

It's up to us to protect you.

What happened to our children, many people and [the] Bild [newspaper] denounced it.

Nothing happened. [Did the German Chancellor] Merkel organized a summit for children? No!

Instead, we persuaded our children that they were going to murder their grandmother if they dared to be what they are: children. Or if they met their friends.

None of this has been scientifically proven.

It was easy to force that on the children.

They can't defend themselves, and they don't vote.

When a State steals the rights of a child, it must prove that by doing so, it protects her against concrete and imminent danger. This proof has never been provided.

It has been replaced by **Propaganda**, presenting the Child as a Vector of the Pandemic.

Those who wanted to contradict this **Propaganda** were never invited to the expert table." - Julian Reichelt, BILD, Chief Editor, in "BILD bittet alle Kinder um Verzeihung! ", BILD, the best-selling European newspaper and has the 16th largest circulation worldwide, 27 May 2021.

"A conscience without truth is terrible." *- Friedrich Hölderlin, in "Sophocles", "Antigone".*

"Firing Fauci does not go far enough.
Anthony Fauci needs to be tried and put into federal prison. He ruined millions of lives via depression, bankruptcy, suicide, & preyed on children via school.
He (and many others) have taken part in the crime of the century. We all knew it." *- Candace Owens, American Conservative Author, in "Twitter", 2 June 2021.*

"Despite the Nuremberg trials and the development of ethical principles to guide research, we haven't yet gotten it. There are still major ethical abuses in conducting clinical trials. We seem to be confronted almost daily by evidence of our mistakes. What more will it take for us to learn, and put people and ethics above power and profits?" *- Judy Stone, Infectious Disease specialist, "Scientific American", 8 November 2012.*

"No guilty verdict was ever rendered, no personal responsibility was assigned, and no one went to prison. The United Kingdom behaved like a dictatorship state. The journalists weren't allowed to write about the court cases and people at the highest positions in the country, including the Prime Minister*, were more interested in defending the company and its shareholders than in helping the victims."- Dr Peter Gotzsche, MD, in "Deadly Medicines and Organised Crime", 2013.*

Wire Fraud

"Whoever, having devised or intending to devise any scheme or artifice to defraud, or for obtaining money or property by means of false or fraudulent pretences, representations, or promises, transmits or causes to be transmitted by means of wire, radio, or television communication in interstate or foreign commerce, any writings, signs, signals, pictures, or sounds for the purpose of executing such scheme or artifice, shall be fined under this title or imprisoned not more than 20 years, or both. If the violation affects a financial institution, such person shall be fined not more than $1,000,000 or imprisoned not more than 30 years, or both." *- in* ***"Title 18 of the United States Code § 1343 - Fraud by wire, radio, or television",*** *United States Code, Government Publishing Office, 2018.*

CDC Study Finds 78% of People Hospitalized for Covid were Overweight or Obese

"About 78% of people who have been hospitalized, needed a ventilator or died from Covid-19 have been overweight or obese, the Centers for Disease Control and Prevention (CDC) said in a new study." *- in "CDC study finds about 78% of people hospitalized for Covid were overweight or obese", CNBC,* ***9 March 2021.***

Yellow Card Scheme Shows

"The yellow card scheme shows - from the most recent report, which came out on 9 September 2021 and covers the period from 9 December 2020 to 1 December 2021, is that there have been:

435 reports of Major Blood Clots, and Low Platelet Counts, **including 74 deaths**, it shows that there have been;

767 cases of Inflammation of the Heart, a condition that is almost unheard of in medicine on a normal day-to-day basis.

It shows that there have been some;

35,000 reports of Menstrual Disorder,

and there are all sorts of other effects set out in the comprehensive report.

Very worryingly, it says that there are;

1,632 reports of Deaths having taken place shortly after vaccination.

I was very disappointed when I asked the Secretary of State on 7 July 2021.

"What information his Department holds on the number of deaths, that have been reported of people who have died within; (a) 1 month, (b) 2 months, and (c) 3 months of having received a Covid-19 vaccination since 1 January 2021".

I read out the answer that we received from the Minister.

He said:

> *"Data on the number of deaths reported of people who have died within 1, 2 and 3 months of having received a COVID-19 vaccination since 1 January 2021 is not available in the format requested.* ***Public Health England (PHE) monitors the number of people who have been admitted to hospital, and died*** *from*

*COVID-19 who **have received one or two doses of the vaccine** and will publish this data in due course."*

That data has not yet been published!

It is very important that we are able to put this issue into context.

There is a lot more damage being done to our citizens as a result of Covid-19 vaccinations, than in any other vaccination programme in history.

We cannot suppress reports of coroners saying that somebody has died as a result of having a vaccination.

I know from my own personal knowledge, of people who have suffered - people who were in really good health and then had their first vaccine.

I know of one person in particular, who then had a stroke and was in hospital for some time with that, and then had severe heart problems and even had to be referred to Harefield Hospital.

Those are not just anecdotes; those are facts known by people across the country.

Our hospitals have a large number of in-patients, who are there only because they took the vaccine. It is causing a lot of angst for consultants across the country." - Sir Christopher Chope, MP, in "Covid-19 Vaccine Damage Bill", Commons Chamber, UK Parliament, 10 September 2021.

Chapter 2

Single Source of Truth

"We will continue to be your single source of truth. Everything else you see—a grain of salt." *- Jacinda Ardern, Prime Minister, New Zealand, Parliament, 2 September 2020.*

Everything Is Prohibited

"The new Epidemiological Power is Arrogant, Overwhelming and Totalitarian. It involves a condemnation, without appeal of our personal perceptions and reflections. Faith in Science becomes mandatory, *and disqualification and punishment are imposed on disbelievers.* ***Herein lies an unmistakable feature of a Medical-Epidemiological Totalitarianism. This is all very dangerous.*** *I reaffirm myself in the rejection of ordinary people being disqualified in this way, as well as the process of converting non-conformists into epidemiological heretics.* ***The danger of the establishment of Epidemiological-media stoning,*** *appears as something more than latent.* ***I am very concerned about the insensitivity to this lynching and cruelty."*** *- Juan Irigoyen, Former Professor of Sociology at the University of Granada, 22 April 2021.*

COVILAND

Coviland: "A situation in which the prohibition of speaking is instituted for all of us who are not experts.

We must listen, obey and applaud if it is necessary.

But it is forbidden to take a personal position and communicate it in public space." - Dr Juan Gérvas, MD, Former Faculty Associate, Johns Hopkins University, School of Hygiene and Public Affairs, on "Twitter", 22 April 2021.

The First Social Media Virus

"The bonfire today, has been created by these Epidemiologists, and Pandemic Experts.

And, if we kind of think about it, they've been waiting all their lives, for a pandemic.

So, whenever they see something coming; MERS, SARS or HIV-AIDS, **they start running these models, and these models you know, we've seen them in the movies right big red dots, and lines flying all over the world, and transmission and everybody dying, and what's fascinating about these models, is that if you go back over history, they almost always, and in fact, I'm going to say virtually always, overestimate the problem.**

If they were real models they would, half the time overestimate, and half the time underestimate.

What I find fascinating, is that, **by giving our self's into these "Models", these "Scientists", we then have done some things that we shouldn't have done.**

Just like back in 2008 with quantitative easing and TARP, **we should not have shut down our economy like we did.**

We have found out that these models weigh overestimated the death, and the danger.

But as data has come in, we've also found out who's susceptible to dying from this disease we know who to help.

And yet politicians went along with the models because they had to.

And this is a kind of a political process, where if I don't go along with the worst case model, and I'm a politician then

people can say, I killed people, if I do go along with the models and they come in lower, which they were highly likely to do from the very beginning then I can say hey see I saved the people.

So the models actually determine political behaviour, and in the end we ended up shutting down the economy, and I believe over the long run the cure in this case shutting down the economy is going to be way worse than the disease.

We have created lasting damage to the US Economy, and then the final piece of this puzzle to me is that it's **the first Social Media Virus**, that we have, and so when we add those 3 things together:

1. Models that Overestimate;
2. Politicians that are, that would be foolish to fight back too hard, once those models got out there, and the fear started to rise, and then the;
3. Social Media Virus (which literally helped spread panic).

You put those 3 things together, and we've created a real fiasco for the US economy.

I noticed that **Mark Zuckerberg head of Facebook said that coronavirus deniers, they're called, are gonna be filtered out as fringe groups. The power to do that is an interesting powers for anybody to have."** - Brian Wesbury, Chief Economist at First Trust Advisors LP, in "The Economic Ramifications of Economic Shutdown", The Coronavirus and Public Policy, Hillsdale College, 24 April 2020.

COVID-19 Has Caused 6.9 Million Deaths Globally, More Than Double what Official Reports Show

"A new analysis by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington School of Medicine.

The 20 countries with the highest number of total COVID-19 Deaths, March 2020 to May 2021

Country	Total COVID-19 Deaths	Reported COVID-19 Deaths
United States of America	905,289	574,043
India	654,395	221,181
Mexico	617,127	217,694
Brazil	595,903	408,680
Russian Federation	593,610	109,334
United Kingdom	209,661	150,519
Italy	175,832	121,257
Iran	174,177	72,906

Egypt	170,041	13,529
South Africa	160,452	54,390
Poland	149,855	68,237
Peru	147,765	62,739
Ukraine	138,507	46,737
France	132,680	105,506
Spain	123,786	85,365
Germany	120,729	83,256
Indonesia	115,743	45,938
Japan	108,320	10,390
Romania	87,649	28,382
Kazakhstan	81,696	5,620

Our analysis estimates that by 3 May 2021, the total number of COVID-19 deaths was 6.93 Million, a figure that is more than two times higher than the reported number of deaths of 3.24 Million.

COVID-19 Acknowledgements:

We wish to warmly acknowledge the support of these and others who have made our COVID-19 estimation efforts possible:

ACAPS
American Heart Association
American Hospital Association

Bill & Melinda Gates Foundation
Blavatnik School of Government, University of Oxford
Bloomberg Philanthropies
Boston Children's/Health Map
California Health Care Foundation
Carnegie Mellon University
Centro de Investigaciones en Ciencias de la Salud, Universidad Anáhuac
Department of Political Science, University of Washington
Descartes Labs
Facebook Data for Good
Fundación Mexicana para la Salud
GDS Services International: Tómatelo a Pecho A.C.
GISAID Initiative
Google Labs
John Stanton & Theresa Gillespie
Julie & Erik Nordstrom
Kaiser Family Foundation
Medtronic Foundation
Microsoft AI for Health
National Institute on Minority Health and Health Disparities (NIMHD), **National Institutes of Health (NIH)**
National Science Foundation
Our World in Data
Premise
Qumulo
Real Time Medical Systems
Redapt
SafeGraph
The COVID Tracking Project
The Johns Hopkins University
The Kuwait Foundation for the Advancement of Sciences (KFAS)

The New York Times
UNESCO
University of Maryland
University of Miami Institute for Advanced Study of the Americas (Felicia Knaul, Michael Touchton, and Héctor Arreola-Ornela)
US Department of Health and Human Services
Wellcome Trust
World Health Organization
The many Ministries of Health and Public Health Departments across the world, collaborators, and partners for their tireless data collection efforts." - in "COVID-19 has caused 6.9 million deaths globally, more than double what official reports show", **Institute for Health Metrics and Evaluation, University of Washington**, 6 May 2021.

Institute for Health Metrics and Evaluation
University of Washington

"Nobody seemed to go back and say well professor Ferguson what about all these other times when you vastly overstated estimates for death counts.

So, the Imperial College model was the model that really grabbed the tension in the USA, and the UK. And really pushed policymakers into lockdown mode.

It certainly got the attention of the White House, and it started this sort of domino effect, where first some states on the west coast lockdown, and then New York said they weren't going to, and then they did.

And then, more and more states, followed and there was increasing national pressure for the few states.

But, by the end of March 2020 the states that hadn't

locked-down yet we're feeling you know considerable media pressure and some public/political pressure to lock-down and most of them ultimately did.

So, **the Imperial College model was changed in a way that again, if you read the original paper it's clear that it was changed.**

And I don't think that anybody who reads with a fair mind could dispute that.

But, **actually the model that has become more important in the USA, and is more provably wrong, and more consequentially wrong, in the last month is the University of Washington model.**

So what is the University of Washington model?

Well, on the **26 March 2020 the University of Washington Institute for Health Metrics and Evaluation**, released a very detailed model, state-by-state, and actually they've extended it to many countries saying:

> *"This is how many hospital beds, we think States are going to need";*
> *"This is how many ventilator states are going to need"; "This is how many deaths were gonna have."*

So this became a guide to state planning, and what the 26 March 2020 model showed was; that all states practically, but especially, New York State were in terrible trouble.

And so in New York State the model, what **the prediction was it was going to need 76,000 hospital beds, and tens of thousands of ventilators.**

It wasn't as bad as the state's own projections which again, were as many as a **140,000 hospital beds and 30,000 to 40,000 ventilators. And in many other states the predictions were extremely high.**

The 5 April 2020 version of this **predicted 260,000 hospital beds needed nationally, which is an enormous number.**

So where did this come from?

Here's what happened in New York City. And you need to understand what happened to New York City from 15 to 25 March 2020.

Hospitalizations increased dramatically, they increased almost tenfold, so in mid-march there were 100 people showing up with Covid-19 related illness.

In New York City hospitals are being hospitalized by 25 March 2020, that number was over 1,000.

And the key metric here is hospitalizations. Why? Because deaths are a lagging indicator.

In New York City the state Governor Cuomo announced the lock-down, people were afraid of, and what the models essentially predicted was that the lock-downs occurred too late, and that in the 10-day period before the lockdowns took place there was going there had been a massive surge in hospitalizations and that surge was going to continue, a massive surge and infections. In fact, day after day, infections increasing, and those increased infections were going to lead to a massive wave of hospitalizations that wasn't going to peak on 25 March 2020 because that's too close to the lock-down, but that was going to continue the increase increased day after day, until 5, or 6, or 7,000 people a day were being hospitalized for this. And the hospitals were not gonna be able to cope with this.

And that was what was terrifying to people, that not that the lock-downs were going to work but that the lock-downs weren't going to work because they taken place too late.

That is the core assumption, even though it's not explicitly stated, **it is the core assumption in the University of Washington model**, certainly for New York State.

But what happened wasn't that at all.

What happened was that hospitalization stayed relatively high for several days, really 10 or more days, following that 25 March 2020 date.

But they didn't continue to increase exponentially, and so every day the models got a little bit more wrong, so by early April the University of Washington model, they're predicting that as many as 60,000 people would need hospitalizations in New York State.

But in reality the number was more like 15,000, and a gap continued to increase and so looking at that, **I realized wow, there's something very seriously wrong with this prediction**, because this was released on 26 March 2020.

And it's not trying to predict 3 months, or 1 year, or trying to predict those things in the future, or 5 years in the future.

Its predicting days in the future and it's completely wrong." - Alex Berenson, Former Reporter for the New York Times, in "The Failure of Expert Predictions and Models", The Coronavirus and Public Policy, Hillsdale College, 24 April 2020.

> ***"The number of PCR tests required ranges from 1 to 3, depending on where a person is arriving from, if they are vaccinated, and whether they want to cut their quarantine. Passengers must book their tests through a government website. On Friday, it listed 404 different providers, with prices ranging from £20 to more than £300 for 2 tests."*** *- in "Javid targerts test 'cowboy' Covid companies on official site", Financial Times, 23 August 2021.*

France & Germany Falsified ICU Bed Occupancy Figures to Justify Sanitary Restrictions

"Across the world, official accounts of the pandemic have been supported by falsified data.

The Court of Auditors in Germany denounces that the numbers of admitted to the ICUs were manipulated.

The hospitals declared that they were full when the reality is that the occupation did not reach 75% of their capacity.

As in France, the reasons for the Fraud are not Health but Economic:

The higher the ICU occupancy, the higher the subsidies.

Hospitals inflated the number of patients admitted to intensive care to get more money." - in "El Regio", 6 June 2021.

*"**Horror figures falsified: The great fraud with intensive care beds**", was the headline of the Bild newspaper, was prompted by **a report by the Federal Audit Office for the Bundestag's budget committee.** Among other things, the report cited a letter from the Robert Koch Institute (RKI) to Jens Spahn's (CDU) Ministry of Health from January, according to which hospitals **"in some cases reported fewer intensive care treatment places than were actually available."** The reproach of the Bild newspaper to Spahn and also to Chancellor Angela Merkel (CDU) is: **"The Federal Government knew about the manipulation for months. But it said nothing to the citizens."** - in "The Germany Eye", 5 September 2021.*

*"**All issues are political issues, and politics itself is a mass of lies."** - George Orwell in "Critical Essays ", 1941.*

"In most cases there are few if any ways to obtain exact mortality rates, so epidemiologists use estimation to predict correct mortality rates. *Mortality rates are usually difficult to predict due to language barriers, health infrastructure related issues, conflict,* ***and other reasons."*** *- in "Mortality rate", Wikipedia, 5 September 2021.*

World Average Annual Number of Deaths

"This entry gives the average annual number of deaths during a year per 1,000 population at midyear; also known as crude death rate.

Year	Average Annual Number of Deaths
2000	9. deaths/1,000 population (2000 est.)
2005	8.78 deaths/1,000 population (2005 est.)
2009	8.37 deaths/1,000 population (2009 est.)
2016	7.7 deaths/1,000 population (2016 est.)
2018	7.7 deaths/1,000 population (2018 est.)
2020	**7.7 deaths/1,000 population (2020 est.)**

- in "World Death", The World FactBook, CIA.gov, 5 September 2021.

The PCR Test Farce

"I want to ask this to Kary Mullis, how do they misuse PCR to estimate all these supposed free viral RNA's, that may or may not be there?

Kary Mullis - I think misused PCR is not quite, I don't think you can misuse PCR.

The results, the interpretation of it, see, if you can say, if they could find this virus in you at all, and with PCR, if you do it well, you can find almost anything in anybody, it starts making you believe in the sort of Buddhist notion that everything is contained and everything else right.

I mean, because if you can amplify one single molecule up to to something that you can really measure, which PCR can do, then there's just very few molecules that you don't have at least one single one of them in your body.

So that could be thought of as a misuse of it just to claim that it's meaningful.

But the the real misuse of it, is that you don't need to test for HIV, you don't need to test for the other 10,000 retroviruses that are unnamed also in the subject.

It's not an estimation it's a real, **it's a really quantitative thing it tells you something about nature, and about what's there but it it it allows you to take a very miniscule amount of anything, and make it measurable and then talk about it in meetings and stuff like it is important.**

See, that's not a misuse, **that's just sort of a misinterpretation.**

There's very little of what they call HIV, and what's been brought out here by Philpott and Esai already, **the measurement for it, is not is not exact at all, it's not as good as our measurement for things like apples.**

An apple is an apple, you know, you can get something that's kind of like if you've got enough things that look kind of like an apple, and you stick them all together you might think of it as an apple.

But, **and HIV is like that those tests are all based on things that are invisible,** and they are the results, are inferred. **In a sense, PCR is separate from that it's just a process that's used to make a whole lot of something out of something.**

It doesn't tell you that you're sick and it doesn't tell you that the thing you ended up with really was going to hurt you or anything like that." - Kary Mullis, 1993 Nobel Prize in Chemistry, Inventor of the PCR Test, Inventor of the PCR Test, in "The Corporate Greed & AIDS Event", Santa Monica, CA, 12 July 1997. Hosted by Esai Morales, Participants include Sean Current, Paul Philpott, Christine Maggiore.

I Discovered That There Was No Evidence That There Was A Virus

"I discovered that there was no evidence that there was HIV.

My personal story, I mean **the general fact is there isn't any, and you can check it yourself.**

You can go to the internet, and you can say AIDS cause, return, you'll get papers the first 20 hits you get, out of those there will probably be about 6 or 7 that suggest that there is no evidence. **There will be not a single one that suggests that there is evidence for a causal relation between those two things.**

Now, when I was working down the street here, toward Michigan street a place called Specialty Labs, I was working

for this those guys, 3 or 4 days a month and I was setting up tests to look for viruses like HIV in the blood supply for Los Angeles.

And since there were so many people in Los Angeles, California, there was going to be a it was a pretty hard to see how you're going to test all the all the about thousand bottles every day.

So we had to put a lot of effort into it and we've been successful, and I was having to write that up, for the people who had paid for it, which is your representative government.

And I was writing this little paragraph, and I said I've got to explain why we were doing it in the first place. So I said well "HIV is the probable cause of AIDS", that was my first sentence, because I thought it was, because that's what I'd heard.

And I hadn't questioned it.

I just heard it, I said well if all these people think that's true there's probably evidence back there somewhere that suggests it.

And so I asked somebody what reference, what little work of scientific reporting should I quote, so that somebody interest interested in finding out why I thought that could find out himself. The guy said, the guy that I asked was the wrong person asked.

He said you don't have to quote that you don't have to say, everybody knows it.

I said, well I don't know why, I know it, I just know that I heard it.

And in a scientific thing it's a lot different from a movie, where all you have to do is have a character say something you want to have as a fact.

In a scientific publication, you are required by the system,

not by the editors of the journals, because they let you get away with a lot of crap sometimes.

But you're required by the elements the scientific things that have made it work, to always tell the person that you're now telling something new to where you started from. I starting here have worked to there, so we moved one small step, but if the place I started wasn't if I don't even tell you what that is you don't know we've moved anywhere and you can't trust that.

I have to tell you where I started from well in that case I couldn't find it.

I started asking people, I started getting real sort of uneasy about it after about a year, because I still hadn't written the damn thing, and it was due about a month from when I started it. So it was real late, because I couldn't finish it. But I started asking people all over the world because I started travelling all kind about that time because everybody studying AIDS wanted to use PCR that was my invention.

So I got invited to all these meetings and I tell them how to do PCR, well I didn't care that much about AIDS to begin with, but I started caring after I realized none of these people when asked directly, privately, sweetly you know could come up with anything to help me out, and all I wanted to have was one scientific paper to quote that I could say this is where i got the concept from that HIV is the probable cause of AIDS.

And I thought at that point that that's pretty damn significant, because there was a tremendous amount of interest there were meetings 10,000 people gather in Amsterdam, 10,000 people gather in various cities around the world every year to to talk about this work they've been doing at our expense to cure this disease which they've created at our expense really.

And not a single one of them can find a quote that I could use in a simple little paper to the NIH, that's the National Institutes of Health (NIH), that said the reason you guys sent us USD $50,000 bucks for this project is because HIV is the probable cause of AIDS. And it would be a good idea to see if it's in the blood supply, there's no way to support that statement, no reason to do that work.

It was all a waste of time except that I enjoyed, I love to drive from San Diego to Los Angeles twice a month.

I made a living, and if you think about that.

That's where all those guys are making a living.

But, I changed the question after a while, because I was getting no luck with what should I quote. I finally said "when was it that you came to the conclusion, because you must because you just gave a talk about AIDS and HIV. When did you come to the conclusion that HIV was the probable cause of AIDS. Personally when did you come to the conclusion."

And they would generally allude to some paper or something that they had read or whatever.

But no one has ever been able to explain to me anything else than "I heard it in the New York Times, or on TV. Was that Fiction, or was that fact on TV?

It didn't bother anybody to even think about it. I don't know how it is that we all overlook real

obvious things like that. But you know, we've done it before on this planet we do it regularly it's expected of us to be idiots." - Kary Mullis, 1993 Nobel Prize in Chemistry, Inventor of the PCR Test, in "The Corporate Greed & AIDS Event", Santa Monica, CA, 12 July 1997. Hosted by Esai Morales, Participants include Sean Current, Paul Philpott, Christine Maggiore.

"Then, and only then I started looking into it. I looked up a bunch of papers, and science about Gallo. I knew about him and had written, I figured well Robert Gallo must have been the one who figure it out, because he's the name I've heard associated with it I looked at his papers and I didn't find anything in there that actually showed me that there was a fact now in science called HIV is the cause of AIDS. Or even the probable cause of AIDS which is all I would have expected. The probable cause of AIDS, highly probable because they were attacking the whole problem by then as though it were certainly the cause. So I'd expect it to be highly probable. But I couldn't find anything and said it was remotely probable even." *- Kary Mullis, 1993 Nobel Prize in Chemistry, Inventor of the PCR Test.*

"The idea behind PCR was so simple that Mullis had trouble convincing his superiors at Cetus Corporation that he was onto something. Over the next year, he used the technique to amplify a well-studied gene. ***Mullis published that landmark paper in 1985 (on amplifying the sickle cell mutation) and filed patent applications, launching the field of DNA amplification. He received a $10,000 bonus for his invention, which the company sold to another company for $300 Million."*** *- in "Kary Mullis, Father of PCR", PLOS DNA Science, 15 August 2019.*

"While antigen tests look for proteins on the surface of the virus to ascertain the presence of the pathogen, PCR (polymerase chain reaction) tests are engineered to seek genetic material called RNA that instructs the virus to make these proteins. *Both tests also require a swab from the back of your nose or throat as a sample,* ***and cannot determine whether***

you are contagious if positive. *In the case of PCR, the sample is sent to a lab where it is heated and cooled using special reagents to* ***convert the virus's RNA into DNA, and then make millions of copies of the DNA, which allows for the identification of the organism.*** *This process can take hours,* ***requires sophisticated lab equipment and technicians,*** *and is typically done one sample at a time, although there are machines that can process multiple samples. Although the sample needs to be sent to a lab, the time consuming* ***process delivers as the results are almost 100% accurate in spotting infected people when there is virus on the swab."*** *- in "PCR, antigen and antibody: Five things to know about coronavirus tests", European Commission, European Union, 18 December 2020.*

Eric Clapton after COVID Vaccination: "I Should Never Have Gone Near the Needle"

"I am a man of faith, albeit abstract, **and what I felt and saw unfold in March '20, began to lead me away from Government rhetoric, and the devotion of the general public to the Prime Minister Boris Johnson, and his cronies.** I looked for heroes in the house [of parliament], and found Charles Walker, Desmond Swayne, and in unfortunate retirement, Lord Sumption. In February 2021, before I learned about the nature of the vaccines (and being 76 with Emphysema), I was in the avant garde.

I took the first jab of Astra Zeneca, and straight away had severe reactions which lasted 10 days. I recovered eventually and was told it would be 12 weeks before the second one.

About 6 weeks later, I was offered, **and took the second Astra Zeneca shot, but with a little more knowledge of the**

dangers. Needless to say, the reactions were disastrous, my hands and feet were either frozen, numb or burning, and pretty much useless for 2 weeks.

I feared, I would never play again (I suffer with Peripheral Neuropathy and should never have gone near the needle).

But the propaganda said the vaccine was safe for everyone." - Eric Clapton, in letter to Producer Robin Monotti Graziadei, "America's Frontline Doctors (AFLDS)", 12 May 2021.

India Mucormycosis

> *"Even as a deadly second wave of Covid-19 ravages India, doctors are now reporting a rash of cases involving a* ***rare infection - also called the "black fungus" - among recovering and recovered Covid-19 patients."*** *- in "Mucormycosis: The "black fungus" maiming Covid patients in India", BBC News, 9 May 2021.*

"Symptoms of the disease include pain and redness around the eyes and nose, headaches, fever and cough.

In addition, it can manifest itself with breathing difficulties, bloody vomiting and even an altered mental state. As for the areas directly affected, the infection can settle in the sinuses or lungs , after the spores of the fungus are inhaled.

The most vulnerable people are those who have been taking a lot of medicines recently, or who spent a long time in intensive care units.

Among covid-19 survivors, mucormycosis can lead to loss of the upper jaw and eyes in extreme cases.Meanwhile in the same day, it was reported in at least 4 cases of the infection by **another mold, "white fungus"** detected in the state of

Bihar, in northern the country.

Experts assume that "white fungus" may be more dangerous than "black fungus", affecting vital organs, such as the lungs, kidneys, intestines, stomach, genitals and nails, and causing an infection generalized." - in **"India reports nearly 9,000 cases of deadly post-covid '**black fungus**'"**, RT News, 23 May 2021.

"Killer fungal infections like Mucormycosis, which has a mortality rate of up to 50%, are growing at an alarming rate. The fungus, which is found in the dirt as well as the air we breathe, is reported to grow in sinus cavities, skin, lungs and even kidneys.

In local study of 27 patients with Mucormycosis infection, which was presented in the US, 50% patients with fungus had uncontrolled diabetes.

Shockingly , 40% of these patients were not aware they were diabetic till they fell severely ill because of fungus.

Over 22% patients acquired the infection following a road traffic accident wherein dust contamination of wound led to a deadly fungal infection.

Most diabetics have fungal spread from the sinuses into the eyes to the brain." - in "Alarm over rapid rise of killer fungal infection", Times of India, 4 April 2016.

The Epidemiology of Mucormycosis in India

"Mucormycosis remains a devastating invasive fungal infection, with high mortality rates even after active management.

The disease is being reported at an alarming frequency over the past decades from India.

Indian mucormycosis has certain unique features.

Rhino-orbito-cerebral presentation associated with uncontrolled diabetes is the predominant characteristic.

Isolated renal mucormycosis has emerged as a new clinical entity.

Apophysomyces elegans and Rhizopus homothallicus are emerging species in this region and uncommon agents such as Mucor irregularis and Thamnostylum lucknowense are also being reported.

This review focuses on these distinct features of mucormycosis observed in India.

Conclusions

The Epidemiology of Mucormycosis in India. The estimated number of cases in India seems to be alarmingly high, with uncontrolled diabetes being the most important risk factor.

Certain confounding factors like renal failure and hepatic diseases have also been detected along with diabetes in mucormycosis patients." - Arunaloke Chakrabarti, Rachna Singh, in "Mucormycosis in India: unique features", Mycoses, 3 September 2014.

Malnutrition and Pollution India's Biggest Health Hazard

"Malnutrition continues to be the biggest health hazard in India since 1990, while deteriorating air quality came a close second. A report (Nations within a nation: variations in epidemiological transition across the states of India, 1990–2016 in the Global Burden of Disease Study," Lancet, 13 November 2017), has found that **besides malnutrition and rising air pollution, dietary risks, high systolic blood pressure and diabetes were other major risk factors in India in 2016.**

Air pollution is at the top of the list contributing to over 6 Million deaths. India remains one of the worst affected countries where 1.9 Million premature deaths occur due to deteriorating ambient air quality." - "Malnutrition India's biggest health hazard, air pollution a close second", Times of India, 15 November 2017.

> ***"Governments, international organisations and mainstream media continue to drum up fear and panic in India, even as the facts entirely contradict their claims. After one year of the pandemic, though, we are no longer at the mercy of ridiculous models. We know a lot more – enormously more – about the lethality of the virus. We can say without the slightest hesitation that covid is not a major pandemic by any stretch of imagination."*** *- in "Yes, 850 died of covid recently in a day, but 27,000 die every day in India", The Times of India, 11 April 2021.*

Trained Dogs can Detect Odour of COVID-19

"Modelling shows the dogs could be used at airports and ports, with two dogs being able to screen 300 people in 30 minutes.

The project, led by the London School of Hygiene & Tropical Medicine, in collaboration with Durham University and the charity Medical Detection Dogs." - in "Trained dogs can detect odour of COVID-19 with accuracy rate of up to 94% - study", Sky News, 25 May 2021.

Virus or Fecal Samples

"This work provides new insights into the origin and evolution of SARS-CoV and highlights the necessity of preparedness for future emergence of SARS-like diseases.

Sampling

Bat samplings were conducted ten times from April 2011 to October 2015 at different seasons in their natural habitat at a single location (cave) in Kunming, Yunnan Province, China.

Bats were trapped and **fecal swab samples** were collected as described previously.

Clean plastic sheets measuring 2.0 by 2.0m were placed under known bat roosting sites at about 18:00h each evening for collection of **fecal samples**.

Fresh fecal pellets were collected from sheets early in the next morning.

Each sample (approximately 1 gram of fecal pellet) was collected in 1ml of viral transport medium composed of Hank's balanced salt solution at pH7.4 containing BSA (1%), amphotericin (15 μg/ml), penicillin G (100 units/ml), and streptomycin (50 μg/ml), and were stored at -80ÊC until processing.

Virus isolation

The Vero E6 cell line was kindly provided by Australian Animal Health Laboratory, CSIRO (Geelong, Australia).

Vero E6 monolayer was maintained in DMEM medium supplemented with 10% fetal calf serum (FCS).

Fecal samples (in 200 μl buffer) were gradient centrifuged at 3,000±12,000 g, and the supernatant was diluted 1:10 in DMEM before being added to Vero E6 cells.

Plasmids

The ORF8 genes of bat SARSr-CoV WIV1 and Rf4092 and the ORF8a gene of bat SARSr-CoV

Rs4084 were amplified by PCR from the viral RNA extracted from the isolated virus or fecal samples.

Quantification of SARSr-CoV in individual bat fecal samples.

The number of genome copies of SARSr-CoV per gram of **bat feces** was determined by quantitative real-time PCR targeting the RdRp gene.

Rescue of bat SARSr-CoVs and virus infectivity experiments

In the current study, we successfully cultured an additional **novel SARSr-CoV Rs4874 from a single fecal** sample using an optimized protocol and Vero E6 cells." - **Editor: Christian Drosten, Charite, Universitatsmedizin Berlin**, Germany, in "Discovery of a rich gene pool of bat SARSrelated coronaviruses provides new insights into the origin of SARS coronavirus", PLOS Pathogens, 30 November 2017.

Funding

This work was jointly **funded by National Natural Science Foundation of China** (81290341, 31621061) to ZLS, **China Mega-Project for Infectious Disease** to ZLS, Scientific and technological basis special project to YZZ and ZLS from the Ministry of Science and Technology of China, the Strategic Priority Research Program of the Chinese Academy of Sciences (XDPB0301) to ZLS, **the National Institutes of Health (NIAID R01AI110964), the USAID Emerging Pandemic Threats** (EPT) PREDICT program to PD and ZLS, CAS Pioneer Hundred Talents Program to JC, NRF-CRP grant to LFW and WIV ªOne-Three-Fiveº Strategic Program to JC and ZLS.

The Virus Transmission Farce

"But Changchun Tu, a virologist who directs the OIE Reference Laboratory for Rabies in Changchun, China, says the results are only "99%" persuasive. He would like to see scientists demonstrate in the lab that the human SARS strain can jump from bats to another animal, such as a civet. "If this could have been done, the evidence would be perfect", he says." *- in "Bat cave solves mystery of deadly SARS virus-and suggests new outbreak could occur.* ***Chinese scientists find all the genetic building blocks of SARS in a single population of horseshoe bats****", NATURE, 1 December 2017.*

Medical Trade Propaganda

"The immunisation of the masses has been undertaken with almost a religious fervour. The enthusiast rarely stopped to wonder where it would all finish or whether the fulsome promises made to the public in the form of "propaganda" would ever be honoured. Without propaganda there can, of course, be no large-scale immunisation, but how perilous it is to mix up propaganda with scientific fact. If we baldly [in plain or basic language] told the whole truth it is doubtful whether the public would submit to immunization. Accidents and mistakes must inevitably happen and when they take place what might have been a highly instructive lesson is usually suppressed or distorted out of recognition. Those who have had to take detailed notice of the immunisation accidents of the past few years know that to get the truth of what really went wrong generally calls for the resources of something like the secret service." *- Dr Charles Cyril Okell, MD, Infectious Diseases Physician, in "From a Bacteriological Back-Number," The Lancet, 1 January 1938.*

Christian Drosten

The Real Face of the Coronavirus Farce

"From June 2000, Drosten worked as an intern in the laboratory group of the physician Herbert Schmitz in the **virology department of the Bernhard Nocht Institute for Tropical Medicine** in Hamburg, where he headed the laboratory group Molecular Diagnostics and established a research program for the **molecular diagnostics of tropical viral diseases.**

In 2017, he accepted a call to the **Charité in Berlin, where he heads the Institute of Virology**.

From 2017 until 2019, Drosten was a member of the German Ministry of Health's International Advisory Board on Global Health."

On 23 January 2020, Drosten, along with other virologists in Europe and Hong Kong, published a workflow of a real-time PCR (RT-PCR) diagnostic test, which was accepted by the World Health Organization (WHO) and which sent test kits to affected regions.

On 17 March 2020, Drosten was appointed to the European Commission's advisory panel on COVID-19.

Corona-Explainer-In-Chief

On 23 March 2020, The Guardian described **Drosten as "the [German] country's real face of the coronavirus crisis"**, and also noted that the Süddeutsche Zeitung had described **Drosten as "the nation's corona-explainer-in-chief".**

He was a counterpart to Lothar Wieler [de], head of the State's Robert Koch Institute in Berlin, in consulting to German federal and state authorities." - in Wikipedia.

"Prof Christian Drosten is a physician by training.

He is board certified in virology, medical microbiology and infection epidemiology.

He started his professional career at the Bernhard Nocht Institute for Tropical Medicine in Hamburg, where he discovered the unknown virus causing SARS in 2003 (SARS = severe acute respiratory syndrome) and developed a diagnostic test that enabled public health authorities worldwide to stop the agent before it could develop into a pandemic.

In 2007, at age 34, he became the founding director of the Institute of Virology at University of Bonn Medical Centre, now a well-known place for research on emerging viruses in Germany.

In 2017 he took over the Chair of Virology at Charité, where he heads the Institute of Virology on Campus Mitte." - in "Pandemic preparedness: Ebola and beyond", The LSHTM-Charité Global Health Lecture Series is supported by the **Bill & Melinda Gates Foundation** and this event on **Pandemic Preparedness** is also supported by the **Wellcome Trust**, London School of Hygiene and Tropical Medicine, **12 February 2020.**

> ***"Committed Grants to Charité - Universitätsmedizin Berlin, to develop diagnostics and virology tools to enable a rapid response to the novel 2019 coronavirus, $249,550."*** *- in "**Bill & Melinda Gates Foundation**", March 2020.*

German Government Advisory Board on Global Health

To ensure high-level support and advice to the German Federal Government in the field of global health, an International Advisory Board of Global Health was established in 2017. It advises on current trends and challenges in global health and makes suggestions how Germany could further develop its engagement in the international community.

Members of the **International Advisory Board on Global Health have already been appointed by the Federal Ministry of Health in August 2017.**

The Board now includes experts from different regions and stakeholder groups that have extensive expertise on various global health topics.

Members of the German Government International Advisory Board on Global Health

Prof Dr Ilona Kickbusch, Director of the Global Health Centre at the Graduate Institute of International and Development Studies, Geneva (Chair of the board)

Prof Dr Christian Drosten, Chair of the Institute of Virology at the Charité Berlin

Dr Christopher Elias, President of the Global Development Program, Bill & Melinda Gates Foundation

Dr Jeremy Farrar, Director of the Wellcome Trust

Prof Dr Jörg Hacker, President of the German National Academy of Sciences Leopoldina

Dr Matshidiso Rebecca Moeti, WHO Regional Director for Afrika

Dr Mirta Roses Periago, former Director of the Pan American Health Organization

Dr Sania Nishtar, President of Heartfile

Dr Gisela Schneider, Director of the German Institute for Medical Mission

Dr Christoph Benn, Director for External Relations of the Global Fund to Fight AIDS, Tuberculosis and Malaria." - in **"Four new members complete the International Advisory Board on Global Health", Federal Ministry of Health, Germany, 2 July 2018.**

> ***"When Angela Merkel talks to the nation about Covid-19, she is usually flanked by the head of the Robert Koch Institut, Germany's central public health institute. The country's real face of the coronavirus crisis, however, is Christian Drosten, the head of virology at Berlin's Charité hospital."*** *- in "Coronavirus: meet the scientists who are now household names", The Guardian, 22 March 2020.*

The Virus Farce

"Senator Lindsey Graham - Have we found any animals that carry Covid-19 that could have been the source of the transmission to humans thus far?

Dr Anthony Fauci, MD - Thus far not, if what you're referring to senator, is an intermediate host?

Senator Lindsey Graham - Right.

Dr Anthony Fauci, MD - We know clearly for example with SARS Covid-1, that a Bat Virus went into a Civet Cat which then transmitted it into the human population. With MERS-CoV it was; a Bat to a Camel to human, the intermediate host if there is one has not yet been found. We still have not yet confirmed what the host is from Ebola (virus). We know that Ebola (virus) jumps from an animal reservoir to human, and it's been many years now since the original Ebola (virus) outbreaks, a**nd we haven't yet nailed that."** - Senator Lindsey Graham, Questions Dr Anthony Fauci, MD, at Senate Hearing on Medical Research Funding, 26 May 2021.

4 May 2021

Clear Line on Nails A Symptoms of Covid-19

"Professor Tim Spector, wrote on Twitter:

"Do your nails look odd?

COVID nails are increasingly being recognised as the nails recover after infection, and the growth recovers leaving a clear line." - in **"SYMPTOM TRACKER Covid 'NAILS' are latest new symptom to watch out for, says top expert"**, **4 May 2021.**

17 June 2021

Sneezing is A "Classic" Symptoms of Covid-19

"Professor Tim Spector, a leading COVID-19 symptoms researcher has called on the UK Government to update the list of "classic" symptoms of the virus, saying **sneezing was now among the most common signs, the other signs were headache, runny nose and sore throat.**

Sneezing was now at number four, though it is often confused with hayfever." - in **"COVID-19: Classic coronavirus symptoms "changing" as expert urges government to update list"**, Sky News, **17 June 2021.**

Professor Timothy Spector

"Timothy David Spector OBE FmedSci, British epidemiologist and science writer.

Alma mater	**London School of Hygiene & Tropical Medicine**
Occupation	**Professor of genetic epidemiology**, science writer

Spector is professor of **genetic epidemiology** and director of the TwinsUK registry at **King's College, London.**

He is a specialist in twin studies, **genetics, epigenetics.**

He was appointed Officer of the Order of the British Empire (OBE) in the 2020 **Birthday Honours for services to the Covid-19 response." - in Wikipedia, 2021**

The Emerging Field of Epigenetics

"The party was sponsored by the Wellcome Trust (also a sponsor of DTR research projects), **the Gates Foundation** and the Francis Crick Institute.

The 2014 power 1000 party focused on **London's contribution to science, medicine and global humanitarism.**

Mayor Boris Johnson attended, in addition, Microsoft co-founder Bill Gates addressed the audience by video.

The DTR under the directorship of Professor Tim Spector was invited by the Francis Crick Institute to take part in the evening in order to help showcase important and successful **Wellcome-funded genetic** and ageing projects and to help demonstrate the power of twin research and how **these projects have helped scientific and medical advancement, especially in the emerging field of Epigenetics."** - in "Evening Standard Power 1000 Party", Department of Twin **Research & Genetic Epidemiology**, **King's College London**, UK, 16 October 2014.

> *"Pfizer has agreed to buy oncology biotech Trillium Therapeutics in a deal worth about $2.3 Billion, seeks to bolster its pipeline with a therapy it hopes will be transformative for blood cancers. Blood cancers make up about 6% of all cancers, with 1* ***million patients around the world diagnosed*** *with a haematological condition in 2020.* ***Pfizer, which is generating billions of dollars from its Covid-19 vaccine, is investing in cancer drugs."*** *- in "Pfizer to buys Cancer biotech in $2.3Billion", Financial Times, 24 August 2021.*

*"The Oxford jab uses an altered, harmless version of **a virus** that causes the common cold in chimpanzees as a viral vector to deliver SARS-CoV-2 **genetic material into the human body.** The team developed their two-dose cancer vaccine also **using viral vectors**, one of which is the same as the vector in the Oxford-AstraZeneca jab." - in "**COVID-19: Oxford-AstraZeneca vaccine technology used to design jab that could treat cancer**", Sky News, 3 September 2021.*

Future of Jobs

Healthcare
General Medical Practitioners may get replaced by an App.
Specialisation will be Key.
Medical Robotic Assistants & AR/VR will be mainstream

- in "3 ways to disrupt education and help bridge the skills gap", **World Economic Forum**, 17 August 2021.

We Tried to Infect Covid-19 into Bats, it Doesn't Grow Well in Bats

"We do know that so far:

1. No intermediate animal host has been discovered.

2. Thousands of animals at the wet market have been looked at. None of them have carried Covid-19.

3. We have tried to infect Covid-19 into Bats, it doesn't grow well in bats." - Dr Randal Paul, MD, U.S. Senator from Kentucky, in "Amendment to a bill that bans all gain of function research in China", United States Senate, 21 May 2021.

The Variants of Concern And Emerging Mutations Farce

"Portugal (including Madeira and the Azores) moved to amber list from 8 June 2021 due to **variants of concern and emerging mutations.**

Follows increased concern in the spread of **variants of coronavirus,** including a **mutation of the Delta variant.**

All classification changes have been decided by ministers, informed by the latest data and analysis by the **Joint Biosecurity Centre (JBC)** and wider public health factors." - in "Portugal moved to amber list to guard public health against variants of concern following first traffic light review", GOV.UK, 3 June 2021.

Joint Biosecurity Centre

"The **Joint Biosecurity Centre** (JBC) is a scientific body which seeks to advise United Kingdom government policy as part of the response to outbreaks of COVID-19, such as on **testing deployment**, international travel, and the UK "COVID-19 alert level".

Its existence was announced by Prime Minister Boris Johnson in May 2020.

The body has been part of the UK Health Security Agency since the establishment of that agency on 1 April 2021." - in Wikipedia, 22 June 2021.

Triple Mutant Variant

> ***"Health Officials are investigating a so-called "triple mutant" coronavirus variant in Yorkshire.***
> ***The new variant has a "strange combination of mutations" and has been classified as a variant under investigation with extra testing and tracing being carried out."*** *- in "New "triple mutant" variant under investigation in Yorkshire", The Telegraph, 21 May 2021.*

"Boris Johnson said **the world needs to establish a "collective defence against future health threats, much as we have against military threats", as he called for a global treaty for pandemic preparedness** while addressing the EU's Global Health Summit.

Unveiled plans for a "global pandemic radar" to track emerging coronavirus variants, and spot new diseases before they trigger fresh pandemics." - in "UK unveils new 'global pandemic radar' as world takes steps to address vaccine inequality", The Telegraph, 21 May 2021.

> ***"The UK has set a strong example for pathogen surveillance and sequencing, as well as vaccine development, I am delighted that under PM Johnson, the UK will partner with WHO to contribute to stronger global surveillance and a safer world."*** *- Dr Tedros Adhanom Ghebreyesus, MD, Director General of the WHO, in "Global Health Summit", 21 May 2021.*

For information on the Medical Trade Theory of "Virus" please read the Book: "The Nescience of Medicine: Includes - COVID-19 THE UN-TOLD STORY Part 2", 2021.

Lying to Everybody

*"I think that the **Secretary of State for Health (Matt Hancock)**, should have been fired for at least 15 to 20 things, including: **lying to everybody in multiple occasions, in meeting after meeting, in the Cabinet Room and publicly."** - Dominic Cummings, UK Government Adviser during the pandemic, in "Answering MPs' questions at a joint inquiry into the handling of the Pandemic", 26 May 2021.*

The Covid-19 Vaccine Farce

"But what I do think is important, is that, **we know that anyone vaccinated twice is "relatively safe" against the virus.**

But let's not forget that the **1 in 25 new cases, are people who have been vaccinated twice.**

That means 400 new cases a day are people who have had the vaccine twice." - Sir David King, former chief scientific adviser to the government, in "COVID-19 UK: Third wave 'evident' from covid figures say ex-govt advisor who **calls for June 21 delay**", The Sun, 7 June 2021.

"The rushing out of an experimental vaccine." - Dr Sam Bailey, MD, in "Vaccines, Lies and Smears", 1 June 2021.

Spike Protein is a Toxin

“There's a couple of key pieces of scientific information that have become privy to just within the past few days, that has made the final link, so we understand now exactly why these problems are happening, and many others associate these vaccines, and the story is a bit of a scary one.

Everything that I'm stating here, is completely backed up by peer-reviewed scientific publications in well-known and well-respected scientific journals.

The SARS Coronavirus-2 has a spike protein on its surface, that spike protein is what it allows it to infect our bodies, that is why we've been using the spike protein in our vaccines.

The vaccines we're using, get our cells in our body to manufacture that protein if we can mount an immune response against that protein.

In theory we can prevent this virus from infecting the body. That's the theory behind the vaccine.

However, when studying the disease Severe Covid19, Heart Problems, lots of problems, with the Cardiovascular System, Bleeding and Clotting is all associated with Severe Covid19.

Doing that research, what has been discovered by scientific community is the **spike protein on its own, is almost entirely responsible for the damage to the Cardiovascular System.**

If it gets into circulation, indeed, if you inject the the purified spike protein into the blood of research animals they get all kinds of damage to cardiovascular system, it can cross a blood-brain barrier and cause damage to the brain.

At first glance that doesn't seem too concerning because we're injecting these vaccines into the shoulder muscle, the assumption, all up until now, has been that these vaccines behave like all of our traditional vaccines, that they don't go anywhere other than the injection site.

So they stay in our shoulder some of the protein will go to the local draining lymph node in order to activate the immune system.

Through a Request for Information, from the Japanese Regulatory Agency, myself and several international collaborators, have been able to get access to what's called a "Bio-distribution Study".

It's the first time ever, that scientists have been privy to seeing where these messenger RNA vaccines go after vaccination.

In other words, is it a safe assumption, that it stays in the shoulder muscle?

The short answer is absolutely not!

It's very dis-concerting, the spike protein gets into the blood, circulates through the blood in individuals, over several days post-vaccination, it accumulates accumulates in a number of tissues, such as:

1. Spleen
2. Bone Marrow
3. Liver
4. Adrenal Glands
5. Ovaries

One that's of particular concern for me, is **it accumulates at quite high concentrations in the ovaries.**

A publication that was just accepted for a scientific paper, accepted for publication that backs this up, looked at 13

young Healthcare Workers that had received the Moderna vaccine which is the other message RNA based vaccine, we have in Canada, and they confirm this.

They found the spike protein in circulation in the blood of 11 of those 13 Healthcare Workers that had received the vaccine.

What this means?

We have known for a long time that the spike protein is a pathogenic protein. It is a toxin it can cause damage in our body if it gets into circulation.

Now we have clear-cut evidence that the vaccines that make our cells in our deltoid muscles, manufacture this protein, that the vaccine itself, plus the protein gets into blood circulation, when in circulation the spike protein can bind to the receptors that are on our platelets, and the cells that line our blood vessels.

When that happens it can do 1 of 2 things; **it can either cause platelets to clump, and that can lead to clotting - that's exactly why we've been seeing clotting disorders associated with these vaccines - it can also lead to bleeding, and of course the heart's involved, it's part of the cardiovascular system that's why we're seeing heart problems.**

The protein it can also cross the blood-brain barrier and cause Neurological Damage, that's why also in the fatal cases of blood clots many times it's seen in the brain.

And also of concern is there's also evidence of a study, they were trying to show, that **the antibodies from the vaccine get transferred through breast milk.**

What they found inadvertently was that the vaccines, and messenger vaccines actually get transferred through the breast milk, so delivering the vaccine vector itself into infants that are breastfeeding.

Also with this now we know spike protein gets into circulation any proteins in the blood will get concentrated in breast milk.

Looking into the adverse event database in the USA we have found evidence of suckling infants experiencing bleeding disorders in the gastrointestinal tract.

So this has implications for blood donation.

In short the conclusion is, we made a big mistake we didn't realize it until now we thought the spike protein was a great target antigen, we never knew the spike protein itself was a toxin and was a pathogenic protein so by vaccinating people we are inadvertently inoculating them with a toxin.

In some people this gets into circulation and when that happens in some people it can cause damage especially the cardiovascular system.

And I have many other legitimate questions about the long-term safety there for this vaccine, for example with it accumulating in the ovaries one of my questions is will we be rendering young people in fertile." - Dr Byram Bridle, Associate Professor on Viral Immunology at the University of Guelph, Canada, in "New peer reviewed study on COVID-19 vaccines suggests why heart inflammation, blood clots and other dangerous side effects occur", ON Point with Alex Pierson, Global News Radio 980 CFPL, Canada, 28 May 2021.

Ingredients (as reported in the prescribing information) included in mRNA COVID-19 Vaccines

"SM-102: heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate." - in "COVID-19 Vaccines: Update on Allergic Reactions, Contraindications, and Precautions", CDC, 30 December 2020.

SM-102 in Chloroform

(8-[(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino]-octanoic acid, 1-octylnonyl ester)

Safety Data Sheet
acc. to OSHA HCS

Printing date 04/11/2021 Revision date 04/11/2021

1 Identification

· **Product identifier**

· **Trade name: SM-102**
· **Synonym** 8-[(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino]-octanoic acid, 1-octylnonyl ester

· **Article number:** 33474
· **Application of the substance / the mixture** For research use only, not for human or veterinary use.

· **Details of the supplier of the safety data sheet**
· **Manufacturer/Supplier:**
Cayman Chemical Co.
1180 E. Ellsworth Rd.
Ann Arbor, MI 48108
USA

· **Information department:** Product safety department
· **Emergency telephone number:**
During normal opening times: +1 (734) 971-3335
US/CANADA: 800-424-9300
Outside US/CANADA: 703-741-5970

2 Hazard(s) identification

· **Classification of the substance or mixture**

GHS02 Flame

Flam. Liq. 2 H225 Highly flammable liquid and vapor.

GHS06 Skull and crossbones

Acute Tox. 2 H310 Fatal in contact with skin.

GHS08 Health hazard

Carc. 2 H351 Suspected of causing cancer.
Repr. 2 H361 Suspected of damaging fertility or the unborn child.
STOT RE 1 H372 Causes damage to the central nervous system, the kidneys, the liver and the respiratory system through prolonged or repeated exposure.

GHS09 Environment

Aquatic Chronic 1 H410 Very toxic to aquatic life with long lasting effects.

GHS07

(Contd. on page 2)

Safety Data Sheet
acc. to OSHA HCS

Printing date 04/11/2021 Revision date 04/11/2021

Trade name: SM-102

(Contd. from page 1)

Acute Tox. 4	H302 Harmful if swallowed.
Skin Irrit. 2	H315 Causes skin irritation.
Eye Irrit. 2A	H319 Causes serious eye irritation.
Aquatic Acute 3	H402 Harmful to aquatic life.

· **Label elements**
· **GHS label elements**
The product is classified and labeled according to the Globally Harmonized System (GHS).
· **Hazard pictograms**

GHS02 GHS06 GHS07 GHS08 GHS09

· **Signal word** Danger

· **Hazard-determining components of labeling:**
Chloroform
· **Hazard statements**
H225 Highly flammable liquid and vapor.
H302 Harmful if swallowed.
H310 Fatal in contact with skin.
H315 Causes skin irritation.
H319 Causes serious eye irritation.
H351 Suspected of causing cancer.
H361 Suspected of damaging fertility or the unborn child.
H372 Causes damage to the central nervous system, the kidneys, the liver and the respiratory system through prolonged or repeated exposure.
H402 Harmful to aquatic life.
H410 Very toxic to aquatic life with long lasting effects.
· **Precautionary statements**
Obtain special instructions before use.
Do not handle until all safety precautions have been read and understood.
Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
Keep container tightly closed.
Ground/bond container and receiving equipment.
Use explosion-proof electrical/ventilating/lighting/equipment.
Use only non-sparking tools.
Take precautionary measures against static discharge.
Do not breathe dust/fume/gas/mist/vapors/spray.
Do not get in eyes, on skin, or on clothing.
Wash thoroughly after handling.
Do not eat, drink or smoke when using this product.
Avoid release to the environment.
Wear protective gloves/protective clothing/eye protection/face protection.
If swallowed: Call a poison center/doctor if you feel unwell.
If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower.
If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
Immediately call a poison center/doctor.
IF exposed or concerned: Get medical advice/attention.
Specific treatment (see on this label).
Get medical advice/attention if you feel unwell.

(Contd. on page 3)

"Here was the medicine, the patients died and nobody asked who convalesced.
So we ravaged with hellish electuaries (medicines) worse than the pestilence in these valleys, these mountains.
I myself administered the poison to thousands; they withered,
I had to witness that the brazen murderers were praised." -
Johann Wolfgang Goethe, in "Faust".

Vaccine Deaths

"Italy's vaccination campaign has been thrown into chaos after experts banned the use of the AstraZeneca vaccine for the under-60s only days after young Italians were encouraged to take it.

The restriction on the use of the **vaccine followed the death from blood clotting of an 18-year-old woman in Liguria who had her first jab.**

A promising basketball player who was preparing for school exams, **suffered a brain haemorrhage and abdominal blood clots."** - in "Italy bans AstraZeneca Covid vaccine for under-60s after teen death", The Times, 14 June 2021.

Covid19 Vaccine Reports in USA

1,505 - Miscarriages
2,554 - Thrombocytopenia / Low Platelet
5,282 - Anaphylaxis
4,371 - Myocarditis / Pericarditis
5,590 - Heart Attacks
4,461 - Paralysis of the Muscles in the Face (Bell's Palsy)
16,044 - Permanently Disabled
4,447 – Tinnitus
6,784 - Shingles
6,450 - Life Threatening
12,791 - Deaths
24,305 - Severe Allergic Reaction
51,242 - Hospitalizations
95,887 - Office Visits
70,666 - Urgent Care

VAERS is the Vaccine Adverse Event Reporting System. It is a voluntary reporting system that has been estimated to account for only 1% of vaccine injuries. OpenVAERS is built from the HHS data available for download at vaers.hhs.gov in “Vaers Covid Case Reported”, OpenVaers, 6 August 2021.

Covid-19 Vaccine is a "Gene Therapy"

Moderna

27 February 2020

"Currently, mRNA is considered a gene therapy product by the FDA.

Unlike certain gene therapies that irreversibly alter cell DNA and could act as a source of side effects, mRNA-based medicines are designed to not irreversibly change cell DNA; however, side effects observed in gene therapy could negatively impact the perception of mRNA medicines despite the differences in mechanism.

In addition, because no product in which mRNA is the primary active ingredient has been approved, the regulatory pathway for approval is uncertain.

The number and design of the clinical and preclinical studies required for the approval of these types of medicines have not been established, may be different from those required for gene therapy products, or may require safety testing like gene therapy products.

Moreover, the length of time necessary to complete clinical trials and to submit an application for marketing approval for a final decision by a regulatory authority varies significantly from one pharmaceutical product to the next, and may be difficult to predict.

We have not commenced or completed pivotal clinical studies for any of our programs in clinical trials, or investigational medicines, and it will be several years, if ever, before we or our strategic collaborators have an

investigational medicine ready for commercialization." - in "UNITED STATES SECURITIES AND EXCHANGE COMMISSION, Washington, DC 20549, FORM 10-K, For the fiscal year ended 31 December 2019", **Moderna, Inc., 27 February 2020.**

BioNTech

31 March 2020

"Currently, mRNA is considered a gene therapy product by the FDA.

Unlike certain gene therapies that irreversibly alter cell DNA and could act as a source of side effects, mRNA-based medicines are designed to not irreversibly change cell DNA; however, side effects observed in gene therapy could negatively impact the perception of mRNA medicines despite the differences in mechanism.

In addition, because no product in which mRNA is the primary active ingredient has been approved, the regulatory pathway for approval is uncertain.

The number and design of the clinical and preclinical studies required for the approval of these types of medicines have not been established, may be different from those required for **gene therapy products**, or may require **safety testing like gene therapy products**.

Moreover, **the length of time necessary to complete clinical trials and to submit an application for marketing approval for a final decision by a regulatory authority varies significantly from one pharmaceutical product to the next, and may be difficult to predict.**

Our product candidates may not work as intended, may cause undesirable side effects or may have other properties that could delay or prevent their regulatory approval, limit the commercial profile of an approved label, or result in significant negative consequences following marketing approval, if any." - in "UNITED STATES SECURITIES AND EXCHANGE COMMISSION, Washington, DC 20549, FORM 10-K, For the fiscal year ended 31 December 2019", **BioNTech SE, 31 March 2020.**

Defense Advanced Research Projects Agency

"The Defense Advanced Research Projects Agency (DARPA) is a research and development agency of the United States Department of Defense responsible for the development of emerging technologies for use by the military.

Originally known as the Advanced Research Projects Agency (ARPA), the agency was created on 7 February 1958 by President Dwight D. Eisenhower in response to the Soviet launching of Sputnik 1 in 1957.

By collaborating with academia, industry, and government partners, DARPA formulates and executes research and development projects to expand the frontiers of technology and science, often beyond immediate U.S. military requirements." - in Wikipedia

DARPA Awards Moderna Therapeutics a Grant for up to $25 Million to Develop Messenger RNA Therapeutics

"Moderna Therapeutics, the company pioneering messenger RNA therapeutics™, a revolutionary new treatment modality to enable the in vivo production of therapeutic proteins, announced today that the Defense Advanced Research Projects Agency (DARPA) has awarded the company up to $25 million to research and develop its messenger RNA therapeutics™ platform as a rapid and reliable way to make antibody-producing drugs to protect against a wide range of known and unknown emerging infectious diseases and engineered biological threats." - in "Moderna", **2 October 2013.**

"DARPA Awards Moderna up to $56 Million to Enable Small-Scale, Rapid Mobile Manufacturing of Nucleic Acid Vaccines and Therapeutics" *- in "Business Wire", 8 October 2020.*

Genetics Another Medical Trade Fantasy

Please read the Book: "Medicine The Lies, The Greed & The Death: Includes - COVID-19 THE UN-TOLD STORY", 2020.

Australia Drugs Regulator Never Seen the Study Data

"A Freedom of Information request in February 2021 to the Australian drugs regulator (Therapeutic Good Administration), that approved the Pfizer vaccine confirms that they have never seen the study data." - in "Pfizer Vaccine Authorised, Data Sight Unseen", Doctors for COVID Ethics, 8 June 2021.

UK Drugs Regulator We Didn't Read the Clinical Trial

"C4591001: An on-going phase 1/2/3, placebo-controlled, randomised, observer-blind, dose finding study to evaluate the safety, tolerability, immunogenicity and efficacy of SARS-CoV-2 RNA vaccine candidates against COVID-19 in healthy individuals." - in "Public Assessment Report, Authorisation for Temporary Supply, COVID-19 mRNA Vaccine BNT162b2 (BNT162b2 RNA), concentrate for solution for injection, Department of Health and Social Care (DHSC), Pfizer Limited & BioNTech Manufacturing GmbH", Medicines and Healthcare products Regulatory Agency (MHRA), 11 December 2020.

"As the above trial (C4591001) was not conducted in the UK, the MHRA did not assess its content, and are therefore not in a position to answer specific questions." - Medicines and Healthcare products Regulatory Agency (MHRA), in written reply to a freedom of information request, 19 May 2021.

They Don't Understand What They Are Doing

"I don't think they understand what they're doing.

I think it's out of control.

They don't know how to end this.

This is what I think what happened:

They have built a pandemic machine over many years and, as you know, there was a pandemic exercise not long before this whole thing started.

"We need to quarantine everybody who's positive."

Next step.

"We need to do social isolation."

It's a mathematical model. And at the end you always win, right?

So, **in the end, the good guys win, and the pandemic is defeated. But there's, there's never been like an actual real pandemic since they built this machine. So, there's this huge machine, it's got a red button on it.**

So, **we have essentially been taken over by the Medical Taliban.**

The PCR Test for Corona is as good as that Scientology test that detects your personality and then tells you need to give all your money to Scientology.

I'm sad that Kary Mullis (the inventor of the PCR Test) isn't here to defend his manufacturing technique.

Kary did not invent a test. He invented a very powerful manufacturing technique that is being abused.

What are the best applications for PCR? Not medical diagnostics. He knew that and he always said that." - David Crowe, Biomedical Science Critic, President of Rethinking AIDS, Canada, in "Was the Covid-19 Test Meant to Detect a Virus?", 7 April 2020.

We Have Essentially Been Taken Over by the Medical Trade Taliban

"President Biden's strategy for fighting Covid-19 does not go far enough to compel vaccinations.

The time for cajoling is over.

Biden should use his full authority to make it difficult for Americans to remain unvaccinated.

5 Steps:

1. Requiring vaccinations for interstate travel.

If you want the privilege of travelling on a plane or train, you need to do your part and get vaccinated.

2. Urging businesses to implement "no vaccine, no service" rules, and supporting San Francisco and New York in requiring vaccines to enter indoor restaurants, bars, gyms and other venues.

3. Mandating for all children 12 and older to be vaccinated, as we do for other childhood immunizations.

4. Issuing a national proof of vaccination.

5. Urging states, local governments, and businesses to re-implement indoor mask mandates until vaccinations rates are much higher and cases are much lower." - **Dr Leana Wen, MD,** Visiting Professor G W Public Health, Emergency physician, Contributing columnist **Washington Post, CNN Medical Analyst**, in "@DrLeanaWen", 9 September 2021.

> ***"Why the protected, need to be protected, from the unprotected, by forcing the unprotected to use the protection that didn't protected the protected in the first place?"*** -
> *Registered Nurse, in "Board of Supervisors Meeting", San Diego, California, October 2021.*

Chapter 3

Follow the Money

"If you think you're just being screwed over, this is where shoe leather comes in. ***You have to dig up other sources to see if they corroborate the subject's answers. Try to search out written material, documents, anything that might shine a spotlight on the true story. For this, you may have to start with what you know and trace backward to the beginning of the situation. If money is involved, and 9 out of 10 times it is, follow the money trail. If you sense that some form of corruption or fraud is being perpetrated, tracking the money usually turns that rock over. I guarantee that you will be surprised at what crawls out."*** *- Gene Camerik, in "Diary of An Investigative Reporter", 2004.*

"One of the most common questions I get each day, is how to wake up people to the bigger picture of Covid-19. ***Like a lot of people at the beginning of 2020, I had a feeling that something was deeply wrong with the situation being presented to the world.*** *So I started doing my own investigations to make sense of it and get closer to the truth. However with the deluge of conflicting opinions from so-called "experts", it was difficult to know who I could trust, and what information was accurate even as a Doctor I was completely oblivious to* ***how corrupt the Medical Industry had become****, with* ***billions of dollars in profits pouring into big pharma from pandemics.*** *The Fear-Driven narrative from governments and the media; that "germs are our lethal enemies", and "our only way out is through vaccination" was the driving factor amongst our profession." - Dr Sam Bailey, MD in "How I Woke Up...", 17 September 2021.*

The UK Government Business Plan

"This has been a tough year, but Science has come to our rescue.

Celebrating our Scientists, its British Science Week, **and we want to say a huge thank you to the good judgement and the expertise of British Scientists.**" - Lord Bethell, Junior Health Minister in the House of Lords, Parliamentary Under-Secretary of State for Innovation, in Twitter, 5 March 2021.

Government Wants to Sell Your Medical Records

"From 1 July 2021 as The Register has reported, NHS Digital, has announced that:

> ***"Data may be shared from the General Practitioner (GP) Medical Records about any living patient registered at a GP practice in England when the collection started."***

NHS Digital – the health and social care system's information and technology partner - will be able to take the following from GPs' records:

> ***"Data about diagnoses, symptoms, observations, test results, medications, allergies, immunisations, referrals, recalls and appointments, including information about physical, mental and sexual health."***

This will also include data about "staff who have treated patients", and data "on sex, ethnicity and sexual orientation", as well as other sensitive data." - in "The Government Wants to Sell Your GP Medical Records", 19 May 2021.

Britain's Status as a Scientific Superpower

"**I cannot think of a time in the last 100 years when the entire population of this country has been so deeply and so obviously indebted to science – and to scientists.**

British firms are currently investing a fraction of the Organisation for Economic Co-operation and Development (OECD) average on research; and though the speed of the discovery of Oxford/AstraZeneca was little short of miraculous.

Before Covid, the UK domestic vaccine industry had almost perished out of benign neglect.

We are investing unprecedented sums, increasing Government spending to £22 Billion for scientific research of all kinds; and we need to use those billions of state spending to leverage in the many more billions of the markets.

One way to encourage those private sector investments is to give the market players the confidence that they are backing national priorities – so that public and private sector come together to deliver the breakthroughs, like the Covid vaccine, that can transform our lives and economic prospects." - Boris Johnson, UK Prime Minister, in **"We are injecting funds to restore Britain's status as a scientific superpower"**, Telegraph, 20 June 2021.

The Plan is Predicated

"The plan is predicated on having a variant vaccine as fast as possible.

The Prime Minister has set a target of having a variant vaccine, treatment and diagnostics within 100 days.

The MRNA technologies as the chair set out can develop a vaccine for an individual new DNA or RNA sequence very quickly within a matter of days." - Matt Hancock MP, Secretary of State for Health and Social Care, Department of Health and Social Care, in "Oral evidence: Coronavirus: Lessons learnt, HC 95", Science and Technology Committee Health and Social Care Committee, 10 June 2021.

*"**Former UK Prime Minister David Cameron** was at the centre of a fresh lobbying row today after it was revealed a firm he advised won a £123 Million contract after he contacted the then **United Kingdom Health Secretary Matt Hancock** personally. Mr Cameron was a paid adviser for **US Biotech Gene-Sequencing Company Illumina**, and wrote to Mr Hancock in April 2019 to invite him to a conference attended by the firm. A week later the company was awarded a multimillion-pound contract for **genetic sequencing without competition with Genomics England - a company owned by the Department of Health and Social Care."** - "US genomics giant Illumina secured a £123m Department of Health contract 'after David Cameron wrote to Matt Hancock to get him to attend conference", The Mail, 11 August 2021.*

The Bill Gates Business Plan

"**Dominic Cummings:** I think, fundamentally, **on vaccines, there was clear responsibility.**

There was someone who was actually in charge of it - Kate Bingham.

She was working with Patrick Vallance (Physician, Scientist, Clinical Pharmacologist worked in both Academia and Industry, Chief Scientific Adviser to the Government of the United Kingdom since March 2018); she built a team of people who understood what they were doing.

We had a kind of formal thing which was:

> ***"You're in charge of it.***
> ***You report basically directly to the Prime Minister.***
> ***You don't report to the Department of Health."***

So **she knew who her boss was** on it. **She built a great team**, and we also said to her:

> ***"Treat this like a wartime thing.***
> ***Ignore rules.***
> ***If lawyers get in your way, come to us and we'll find ways of bulldozing them out of your way."***

Clear accountability, people who really understood what they were doing.

There was some great technical help. Those things, when you put them together.

Patrick Vallance texted me on 24 March 2021.

The conventional wisdom was that we were not going to be able to have any vaccines in 2020.

In March 2020, I started getting calls from various people saying:

> ***"These new MRNA vaccines could well smash the conventional wisdom, and don't necessarily stick to it."***

People like Bill Gates, and that kind of network were saying that.

Essentially, what happened is that, **there was a network of Bill Gates-type people who were saying:**

> ***"Completely re-think the whole paradigm of how you do this. Build in parallel:***
> ***- Here is the science thing;***
> ***- Here is the manufacturing thing;***
> ***- Here's the distribution;***
> ***- Here's the supply;***
> ***- Here's the logistics;***
> ***- Here's the data."***

The normal thing is that you do those sequentially.

What Bill Gates, and people like that said to me, and others at No. 10 was:

> ***"You need to think of this much more like some of the classic programmes of the past - the Manhattan project (that produced the first nuclear weapons) in World War II*** *, or the Apollo programme - and* ***build it all in parallel."***

In normal Government accounting terms, that is completely crazy, because if nothing works out you have spent literally billions building all these things up, and the end result is nothing - you get zero for it, it's all waste.

What Bill Gates, and people, and Patrick Vallance and his Team were saying, was that the actual expected return on this is so high.

That even if it does turn out to be all wasted billions, it is still a good gamble in the end.

All the conventional Whitehall accountancy systems for that cannot basically cope with it, and you have to throw them all down the toilet.

That is, essentially, what we did.

Sir Patrick Vallance, Government Chief Science Adviser came to me and said:

"I want to do this.
I think we must take it out of the Department of Health."

Bear in mind that this was the time we were having all the conversations about Personal Protective Equipment (PPE), **testing**, shielding and all the things we have gone through today already, with all these different things being wrong.

Patrick said:

"Take it out of the Department of Health.
Will you support me on that with the Prime Minister?"

I said:

"Absolutely - damn true I will."

I spoke to the Cabinet Secretary and he completely agreed because, also, he was watching all of these meetings in April 2020 about all the problems the Department of Health had.

So weirdly, this was one of the things that actually had almost no real formal meetings and actually very little discussion.

Patrick, me and the Cabinet Secretary all basically went to the Prime Minister when he came back from being ill and said:

"There's just no alternative.
We've got to do it like this. It's inconceivable we can leave it in Department of Heath.
Here's the structure."

And the Prime Minister just decided in 90 seconds:

"Fine. Do it."

That was it, and there was basically not really any formal structure." - Dominic Cummings, former Chief Adviser to the Prime Minister, in "Health and Social Care Committee and Science and Technology Committee, Oral evidence: Coronavirus: Lessons learnt, HC 95", House of Commons, UK Parliament, 26 May 2021.

CEPI - A New Organization Will Help Accelerate the Development of Vaccines

"I'm excited this week, at the **World Economic Forum** in Davos, to participate in **the launch of a new organization that will help the world get ready for future epidemics.**

Backed by the governments of:

Norway,
India,
Japan,
Germany, along with the
Wellcome Trust, and our Foundation, the
Coalition for Epidemic Preparedness Innovations (CEPI) will invest in innovations to accelerate the development of vaccines we'll need to contain outbreaks.

This alliance of:

Governments,
Philanthropies,
Vaccine Manufacturers,
Academia,
NGOs,
and other partners needs to work together to develop new vaccines." - Bill Gates, in **"Preparing for the next epidemic: a first step",** Gates Notes, **18 January 2017.**

A Global Treaty on Pandemic Preparedness / Zoonotic Research Hubs

"What we want the G7 to try to agree, is that instead of **vaccinating the whole world** by 2024 or 2025, which is the current timetable.

1. We need to get this done by the end of next year, by 2022.

2. What we need, is a Global Treaty on Pandemic Preparedness.

3. We need Zoonotic Research Hubs.

4. We need to know where the new Zoonotic Diseases might be arising.

5. We need to have a Global Network of Surveillance for Pandemics.

6. We need to have rules, so that there can be no interruptions of supplies across across borders. So that we have secure supply chains for the things that we depend on in future.

7. And clearly we need to have agreements on issues such as Vaccine Passports, Covid's Data Certification and the rest." - Boris Johnson, UK Prime Minister, in **"We need to vaccinate the world by 2022"**, CBC News, Canada, 31 May 2021.

UK Government Funds 8 Vaccine Passport Schemes

"The Government is funding at least 8 different vaccine passport schemes, more than £450,000 worth of government grants have been allocated to companies developing vaccine passports - prove digitally that they have received a Covid-19 vaccine.

1. Biometrics firm iProov and cybersecurity company Mvine had teamed up to create a health passport for £75,000.
2. Enduring Net, £49,678.00.
3. The Hub Company, £49,448.
4. EAS Technologies £173,877.
5. Biotip's £37,209.

- in "**Government funds eight vaccine passport schemes despite 'no plans' for rollout"**, The Telegraph, **24 January 2021.**

Covid-19 Vaccine Passports

"Let's not get ahead of ourselves, that's not the plan." *- Michael Gove, Minister for the Cabinet Office, UK, in "BBC Breakfast",* ***1 December 2020.***

"No plans to introduce vaccine passports. No one has been given or will be required to have a vaccine passport." *- Nadhim Zahawi, Parliamentary Under-Secretary of State for COVID-19 Vaccine Deployment, 6 February 2021.*

NOTE: For the introduction to the UK Government Business Plan, please see the Book: "Medicine The Lies, The Greed & The Death: Includes - COVID-19 THE UN-TOLD STORY", 2021.

Accelerate Genomic Medicine

"An impact story about how Science and Innovation Network (SIN) France initiated UK-France **cooperation on the use of behavioural science in health public policies.**

On **7 February 2019**, the Paris British Embassy's SIN team organised the **"Influencing Behaviours through Science: UK-France Perspectives"** workshop at the British Ambassador's Residence.

The aim of the workshop was to establish dialogue, share knowledge and experience, as well as promote co-operation between UK and French experts at the academic and policy level.

It is thanks to a HMA Paris-hosted dinner in September 2017 that this workshop came about.

Chris Whitty

The **September 2017 dinner, in honour of Chris Whitty, Chief Scientific Adviser to the Department of Health and Social care, gathered several French health experts from government, policy, academia and industry.**

The dinner bore fruit in three particular areas:

1. Genomics.
2. Health Data Sharing.
3. Behavioural Science.

Genomics

The UK and France started working together in this innovative area of science and healthcare as early as 2017.

At the last UK-France Summit (January 2018), Genomics England and Aviesan, France's national health alliance, signed a joint document to co-fund collaborative work into new technologies to accelerate **genomic medicine** and research collaboration. Today, this partnership is growing stronger with both sides working on the signing of a MoU (Memorandum of Understanding) in the coming months.

Health Data

Both the UK and France have placed access to data across the health research and R&D (research and development) community as national priorities. SIN France is working with relevant parties in both countries to establish dialogue and explore potential cooperation in an area designed to build a more innovative and efficient health and care system.

Applying Behavioural Science and Social Sciences in Health

At the 7 February 2019 Paris workshop, **experts, scientists and policy makers from both countries met for the first time to discuss the use of behavioural science and evidence-based policies in government** and public policy to answer this question: how can UK and French scientists and experts work together with policy makers to produce the most effective evidence based policies?

The use of behavioural science and evidence in public policy-making has developed dramatically over the last few years, both in the UK and France.

In the UK, the Public Health Improvement Research Network (PHIRN), **Public Health England Behavioural Insights and the Behavioural Insights Team (BIT) - the world's first unit dedicated to applying behavioural science to public policy** - are well-established entities with a history of policy trials in health." - in **"SIN France organises first UK-France bilateral workshop on Behavioural Science at Paris British Embassy**", UK Science & Innovation Network in France, GOV.UK, **16 April 2019**.

> ***"The Bill and Melinda Gates Foundation awarded Chris Whitty (chief medical officer in England and the UK government's chief medical adviser) USD $40 Million in 2008 for malaria research in Africa. A year later, he was appointed chief scientific adviser to the Department for International Development (DFID)."*** *- in "Coronavirus: meet the scientists who are now household names", The Guardian, 22 March 2020.*

> ***"All decisions should be made on the basis of the best available science. I am absolutely delighted that the UK Chief Scientific Advisor, Sir Patrick Vallance, has accepted my invitation to be the Chief Scientific Advisor for COP26. I know that his appointment will send a strong message about the importance of being guided by science as we tackle the crisis. It is bringing policy-makers and scientists together, to shape the research agenda for years to come, and help to meet the aims of the Paris Agreement."*** *- COP26 President* ***Alok Sharma*** *opening address on the second day of "Met Office Science Conference 2021: Science for a resilient future",* ***12 May 2021.***

Bill Gates and George Soros Buy Covid Test Company

"**George Soros** and **Bill Gates** are part of a consortium acquiring a British developer of **rapid-testing technology,** including **for Covid-19 and tropical diseases.** The group, is investing at least £30 Million in **Mologic**, which develops **lateral flow and fast diagnostic technologies." -** in "The Times", **20 July 2021.**

The Global South Market: Latin America, Asia, Africa, and Oceania

"The Soros Economic Development Fund (SEDF), with support from the Bill & Melinda Gates Foundation, is today announcing the launch of Global Access Health (GAH), that will seek to expand access to affordable state-of-the-art medical technology through decentralized research, development, and manufacturing in and for the **Global South**." - in "Open Society Foundation", 19 July 2021.

Mologic

"Mologic Ltd, **a leading developer of lateral flow and rapid diagnostic technologies**, today announced that it has been awarded circa £1 Million as part of the UK government's £46 million **international coronavirus (COVID-19) prevention and research funding package.** The funding will be used by **Mologic and global partners**, to develop a point-of-need **diagnostic test for the virus**, in addition to supporting the **Company to initiate research for novel vaccine candidates.**" - in "Mologic awarded c.£1

Million by UK Government to develop rapid diagnostic test for COVID-19", Mologic, **6 March 2020**.

"The availability of fast, reliable **diagnostics for COVID-19** has been identified as one of the critical opportunities to support the control of the pandemic and **"flatten the curve"** of cases worldwide. The accelerated development of the test has been made possible by funding from UK Aid, as part of the **£46 million the UK government has announced so far for international coronavirus (COVID-19) prevention and research.** Following rapid assessments in the UK, the technology will be shipped to **global validation partners:**

- Institut Pasteur de Dakar, Senegal.

- La Jolla Institute for Immunology, United States.

- Wuhan Institute of Virology, China.

- University of Malaya, Malaysia.

- Institute for Health Science Research Germans Trias I Pujol (IGTP), Spain.

- Oswaldo Cruz Foundation (Fiocruz) in Brazil." - in "Mologic and partners begin validation process for COVID-19 point-of-need diagnostic test", **26 March 2020.**

"**Mologic Ltd, a leading developer of lateral flow and rapid diagnostic technologies**, today announced that it has launched an accelerated programme with the **Institut Pasteur de Dakar**, Senegal to develop a high-performance rapid diagnostic test for **Ebola Virus Disease** (Ebola). The project is supported by the **Wellcome Trust** and the **UK Government's Department for International Development (DFID)** through their joint call to **advance epidemic preparedness**." - in "Mologic and Institut Pasteur de Dakar launch accelerated programme to develop rapid diagnostic test for Ebola", **25 February 2020.**

A Very Terrorised Country

"Want to live in the land of the free and this is certainly not it unfortunately.

What happened during COVID in Ireland confirmed me in the fact that I want to live in a country that is freer than Ireland.

And certainly the United States, even though we thought we were under quite a severe lockdown particularly in California.

We ain't got nothing on the Irish.

And I've come back to find a very terrified country, very terrorised, who have been the victims of an extraordinary amount of panic propaganda, from the media.

And the worst thing I've discovered, is **the unbelievable lack of curiosity on behalf of journalists to report on actually what's going on and not just Journalists but also Scientists.**

I mean:

Is no one curious about what happened in Florida?

Is no one curious about how successful Florida has been?

Is no one curious about the end of the lockdown in Texas that was so successful?

There is no one curious about the fact that the places with these very severe lockdowns, like New York had multiple more deaths than Florida, which has a demographic which is obviously very much older, into the demographic of people who were most likely to die.

And is no one curious about that?

To hear people ask questions that are about things, and you're thinking, it's unbelievable that the media haven't even reported on this.

It's quite sad to realise that people are, and have been very upset.

It's very disturbing just to meet so many people who are really terrified about a disease that does not affect people who are healthy.

Does it really, **does not affect.**

You'd be extraordinarily unlucky if you were to die of COVID, if you are a young person, or even young, forget young, in under the age of 50 or 60 or whatever, and don't have any underlying conditions.

And that word is not getting out, and so you have people, young people, healthy people in Ireland acting terrified and terrified, and every day there's some new horror.

They stopped having mass over COVID. It's shocking.

It shocks you to the core, but I think it's even more shocking that the people have put up with it.

Have said it was okay that somehow the Eucharist is dispensable. That mass is dispensable.

You know, sure if it's that dispensable, sure we never need it in the first place. Sure, we didn't need church in it all. It's all in the first place.

But people need the church at a time like that when they're frightened when they're scared when you know this is exactly when you need the church.

And terrible things have happened. Funerals, weddings, and they haven't had that comfort there.

It's been a terrible time. It's very shocking what's happened in Ireland.

And then the fact that there's no opposition in Ireland.

I find that extraordinary. It seems like all the parties agree on everything." - Ann McElhinney, Filmmaker, Journalist, in "This is Not a Free Country", Grip Media, 30 July 2021.

We Have Been Fed a Diet of Fear and Scaremongering

"We've been fed a diet of fear and scaremongering. I can't sleep at night because I'm thinking about the implications of what this is doing to us on an individual level, on a national level, on a psychological behaviour level. We need to de-radicalize a whole nation." *- Beverley Turner, TV & Radio Presenter, in "Talk Radio", 1 June 2021.*

"Masks scream there is danger all around us. They can act as a safety behaviour that keeps fear going" *- Dr Gary Sidley, in "Wearing masks "keeps fear going", says former NHS psychologist", Talk Radio, 30 June 2021.*

How Does Lack of Oxygen Affect the Brain?

"Your brain runs your nervous system. It needs oxygen to function. In fact, the brain uses about a fifth of your body's total oxygen supply. Oxygen helps send nerve signals and messages throughout the body. When the brain doesn't get enough oxygen, brain cells begin to die. Cell death happens within 5 minutes of low oxygen. Severe oxygen deprivation can cause life-threatening problems including: Coma and Seizures. After 10 minutes without oxygen , brain death occurs. *Brain death means there is no brain activity." - in "Cerebral Hypoxia", Cleveland Clinic, 4 May 2021.*

"Long Covid" a Disability Eligible for Accommodation under Civil Rights Law

"Definition of "Long Covid" by the Centers for Disease Control and Prevention (CDC):

Common Symptoms

- Fatigue.
- Difficulty Concentrating ("brain fog").
- Shortness of breath.
- Headaches.
- Dizziness.
- Chest pains.
- Cough.
- Joint or muscle pain.
- **Depression or Anxiety.**
- Loss of taste or smell, (among others)." - in "Biden administration declares 'long Covid' a DISABILITY eligible for accommodation under civil rights law", RT, 26 July 2021.

"The U.S. Department of Justice (DOJ) and U.S. Department of Health and Human Services (HHS) Issue Guidance on 'Long COVID' and Disability Rights Under the ADA, Section 504, and Section 1557.

The guidance provides clarity on how disability nondiscrimination laws apply to certain people affected by COVID-19

Some people continue to experience symptoms that can last weeks or months after first developing COVID-19.

This can happen to anyone who has had COVID-19, even if the initial illness was mild.

People with this condition are sometimes called "long-haulers" - and the condition they have is known as "long COVID." - U.S. Department of Justice, 26 July 2021.

Deployment of Covert Psychologistic Interventions

"After 6 months of evasion and obfuscation, the British Psychological Society (BPS) has made its position clear: it sees nothing ethically questionable about deploying **Covert Psychological Strategies (referred to as 'nudges') on the British people as a means of increasing compliance with Public Health Restrictions.**

Since the beginning of the year, I – together with many other psychological specialists – have expressed our concerns about the use of 'nudges', as recommended by **Government-employed behavioural scientists, throughout the COVID-19 communication campaign.**

Particularly alarming has been the deployment of covert interventions, that often impact below people's level of awareness, and which rely on fear inflation, shaming and scapegoating as the means of promoting compliance with the unprecedented COVID-19 restrictions." - Dr Gary Sidley, former NHS psychologist in "Nothing unethical about covert psychological 'nudges', says the BPS", Coronababble, Coronavirus - the germ that erodes human rights, 1 August 2021.

> ***"I think that Covid is the gift that keeps on giving."*** *- David Potts, CEO of UK Supermarket chain Morrison's, in "Internal Company Video", 2020.*

The Modelling Farce

"Julia Hartley Brewer, Journalist - **Does that suggest that the government should stop listening to advisors like Neil Ferguson on SAGE who predicted that it was almost inevitable we'd have up to 100,000 cases a day, and possibly even 200,000. Yesterday the case rate was 21,952.**

Gillian Keegan, MP, UK Government Minister for Apprenticeships and Skills - Well I'm glad it's that way around, and not the other way around, I mean clearly people make projections, and we've had a lot of modelling and we've had lots of people giving us advice, and telling us either officially or unofficial. But you know it's good that it's that way round.

Julia Hartley Brewer - No, oh no, let's not give a free pass here, I mean, **if an advisor is somebody's a formal Government advisor and gets have an impact on the advice, and the policies that the government actually puts forward, which affect tens of millions of people's lives; our fundamental freedoms, affected every aspect of our daily lives. If that person is consistently as wrong as Neil Ferguson is. He's out, I mean 2,152 is an awful lot less than 100,000 an awful lot even more less than 200,000 why is anyone still listening to this man? Clearly his modelling is completely wrong!**

Gillian Keegan - **Well he is one voice, and of course we haven't just been.**

Julia Hartley Brewer - **He's a wrong voice, so why are we listening to him? Why is he even having an input.**

Gillian Keegan - **Well, the problem with modelling, of course is you don't know right, it's all future modelling based on assumptions, his assumptions obviously are more cautious, and which is what he's come up with so.**

Julia Hartley Brewer - **Assumptions were wrong!**

Gillian Keegan – **Yeah, I think in modelling your assumptions will always be wrong the future will always be.**

Julia Hartley Brewer - **What's the point of modelling? To base a policy which affects, cost the country hundreds of billions of pounds and ruins people's lives.**

Gillian Keegan – Because, **the best thing you have when dealing with certain situations is to model various scenarios, and do a sensitivity analysis of which he'll be on one side, and there'll be others on another side.**" - in "Why is anyone still listening to Prof Neil Ferguson?", Talk Radio, 3 August 2021.

NHS (UK) Sells Patients Medical Records to Companies

"More than 40 companies, ranging from the world's largest management consultancies to pharmaceutical groups, have received years of detailed medical records from English hospitals. At least 100 different NHS data

sets have been shared. How the NHS uses and shares data has become a priority for the government, especially since the start of the coronavirus pandemic, with officials repeating that "data saves lives". Sensitive patient data was shared with 43 different commercial organisations including:

McKinsey & Company.

KPMG.

Novavax.

AstraZeneca.

Experian.

IQVIA, formerly known as IMS Health, and co-founded by Drug Mogul Arthur Sackler, received the most data in the post-pandemic period. IMS Health was well known for tracking the detailed prescribing habits of doctors in the US on behalf of drug companies, including Purdue Pharma. IQVIA also purchases medicines supply data from NHS hospital pharmacy systems, then sells an aggregated data set on to drug companies." - in "NHS shares English hospital medical records with dozens of companies", Financial Times, 24 July 2021.

We Expect this Positive Momentum to Continue

"Sales of GSK's meningitis jab soared 46% while those of established Vaccines such as for hepatitis, and diphtheria rose 28% as demand rebounded from the disruption of the coronavirus pandemic. "We expect this positive momentum to continue through the second half of the year." *- Walmsley, GSK Chief Executive in "Vaccine sales help GSK beat expectations", Financial Times, 29 July 2021.*

Pfizer Wants Military Bases & Bank Reserves as Collateral

“Terror comes in many forms, sometimes it's from those you entrust with saving lives.

Vaccine makers for example. There are companies like Pfizer which are bullying governments.

The company Pfizer is holding governments to ransom, interfering with their legislation, even demanding military bases as guaranteed, would you believe it.

A vaccine maker asking for a country's Military Base in return for vaccines.

Two horror stories from Latin America, and the bizarre demands that Pfizer is making.

Pfizer's has vaccine deals with 9 Latin American countries

Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Mexico, Panama, Peru, and Uruguay.

Two major Latin American nations are missing from this list Argentina and Brazil neither has a deal with Pfizer, but both have a story to tell.

Talks between Argentina and Pfizer began in June 2020, in July president Alberto Fernandez held a meeting with Pfizer CEO in Argentina guess what followed Pfizer asked to be compensated for the cost of any future lawsuits what does that mean say someone files a civil lawsuit against Pfizer in Argentina and if that person wins the case who pays the compensation it won't be Pfizer, it would be the Government of Argentina.

Argentina had never done this before but it made an exception, so Argentina's parliament passed a new law in October 2020, but Pfizer was unhappy with its phrasing the law said Pfizer needs to at least pay for negligence for its own mistakes if it happens to make any in future.

Pfizer rejected this.

It went, won't pay for its mistakes.

Argentina then offered to amend the law to define negligence more clearly to include only vaccine distribution, and delivery under negligence. Pfizer was still not happy, it demanded the law be amended through a new decree, that's when Argentina put its foot down they refused.

Pfizer then asked Argentina to buy an international insurance what for to pay for potential future cases against the company Argentina agreed in December 2020.

Pfizer came back with more demands, it wanted sovereign assets as collateral what does that mean Pfizer wanted Argentina to put its Bank Reserves, its Military Bases, and its Embassy Buildings at stake as collateral.

What about Brazil what did Pfizer do in Brazil, Pfizer went a step ahead and asked Brazil to create a guarantee fund and deposit money in a foreign bank account on the 23 of January 2021. Brazil's Health Ministry put out the statement citing excerpts from Pfizer's pre-contract clauses these are Pfizer's demands:

1. Brazil waves the sovereignty of its assets abroad in favour of Pfizer.

2. That the rules of the land be not applied on Pfizer.

4. In case of any Side Effects Pfizer be exempted from all civil liability.

The government of Brazil calls these clauses abusive, and they're right." - in "Gravitas: Pfizer's abusive vaccine deals", Wion, 24 February 2021.

Who Owns Pfizer?

"Pfizer is a publicly traded company, the largest shareholders of which are mutual funds. The Vanguard Group, Inc. is the pharmaceutical company's highest shareholder, holding a 7.6% stake of the company.

Pfizer's top 10 shareholders are mutual funds and are as follows:

The Vanguard Group, Inc.
SSgA Funds Management, Inc.
BlackRock Fund Advisors
Capital Research & Management Co.
Wellington Management Co. LLP
Geode Capital Management LLC
Northern Trust Investments, Inc.
Norges Bank Investment Management
State Farm Investment Management

BlackRock Investment Management" - in "Who owns Pfizer and BioNTech? What you need to know about the covid vaccine manufacturers - and where the vaccine is being produced", The Scotsman, 2 December 2020.

The Vanguard Group

"The Vanguard Group, Inc. is an American registered investment advisor based in Malvern, Pennsylvania with about $7 Trillion in global assets under management, as of 13 January 2021.

It is the largest provider of mutual funds and the second-largest provider of exchange-traded funds (ETFs) in the world after BlackRock's iShares.

In addition to mutual funds and ETFs, Vanguard offers

brokerage services, variable and fixed annuities, educational account services, financial planning, asset management, and trust services.

Several mutual funds managed by Vanguard are ranked at the top of the list of US mutual funds by assets under management.

Along with BlackRock and State Street, Vanguard is considered one of the Big Three index fund managers that dominate corporate America." - in Wikipedia, 18 September 2021.

BlackRock

"BlackRock, Inc. is an American multinational investment management corporation based in New York City. ***BlackRock is by far the world's largest asset manager****, with just over $10 Trillion in assets under management as of September 2021. BlackRock operates globally with 70 offices in 30 countries and clients in 100 countries." - in "Wikipedia", September 2021.*

"In 1975, Bill Gates founded Microsoft with Paul Allen and led the company to become the worldwide leader in business and personal software and services. ***At Breakthrough Energy, he's putting his experience as an innovator and problem-solver to work to address climate change*** *by supporting the next generation of entrepreneurs, big thinkers, and clean technologies.* ***Bill uses his experience partnering with global leaders across sectors to help drive the policy, market,*** *and technological changes required for a clean energy transition." - in "Bill Gates Founder of Breakthrough Energy", BlackRock, 2021.*

"Bill Gates raised more than $1 Billion in corporate funding for Breakthrough Energy Catalyst, drawing on BlackRock Inc.'s Larry Fink and Microsoft Corp.'s Satya Nadella to rally support for some of the world's most demanding clean-energy projects." - "Corporate CEOs Join Race to Scale Clean Tech", Bloomberg, ***20 September 2021.***

"Based out of Oxford, Exscientia is a clinical-stage pharmatech company that uses artificial intelligence (AI) to design patient-based drugs. *The Series D round was led by SoftBank Vision Fund 2, along with previous round lead investors, Novo Holdings, and* ***funds managed by Blackrock."*** *- in* ***Bill Gates-backed Oxford drug developer raises $525M funding*** *led by Softbank", UKTN, 28 April 2021.*

Behind those Vaccines are Companies, Shareholders, Bankers

"We will make this country an even more attractive destination for foreign direct investment. We are already the number one: look at the Pfizer Vaccine manufacturing centre that's coming to Swindon and with these productivity gains we will turbo charge that advantage and help businesses to start and grow everywhere, so let me come now to the punch-line of my sermon on the vaccine. It was not the government that made the wonder drug it wasn't brewed in the alembicks of the department of health. It was, of course it was Oxford University, but it was the private sector that made it possible behind those vaccines are companies and shareholders and, yes, bankers you need deep pools of liquidity that are to be found in the City of London. It was capitalism that ensured that we had a vaccine in less than a year and the answer

therefore is not to attack the wealth creators, it is to encourage them because they are responsible for the aggregate increase in the country's wealth.
The Vaccines, have ensured that by a simple vowel mutation, "Jabs Jabs Jabs", become "Jobs Jobs Jobs", the world's most effective vaccines have saved our open society and free market, economy and it is our open society and free market economy that have produced the world's most effective vaccines, and that is the symmetry in the lesson of the Covid vaccines – science, innovation, capitalism." - Boris Johnson, Prime Minister, UK in "Address to the Conservative Party Conference", 6 October 2021.

"The influence of the Bill & Melinda Gates Foundation (GF) extends right into the heart of the British Medical & Science establishment. It has been funding British companies, charities, universities and public bodies for almost 25 years. Their influence works through the many interconnections that exist between certain private and public funding bodies, industry companies, public health officials and scientific advisory groups involved in, or party to, the Government's responses to Covid-19." *- in "Revealed, how Bill Gates's influence spreads virally into UK public health policy", The Conservative Woman, 12 May 2021.*

Chapter 4

Algorithmic Medicine

"One change that COVID-19 has wrought is moving patient care from the office back into the home. From January 2018 to May 2020, 5000 patients, roughly a third of those patients with the health systems' database, were identified with the need for improvement in their cholesterol or blood pressure. " *- Dr Chuck Dinerstein, MD in "Algorithmic Medicine", 23November 2020.*

"The algorithm medical definition is any computation, formula, look-up table, statistical survey, or nomogram that's used in healthcare. Medical algorithms include flow chart approaches to healthcare treatment, as well as less ambiguous tools designed to reduce indecision. Medical algorithms are part of a broader field which usually falls into the medical informatics and medical decision-making category. Medical decisions occur in nearly all areas of medicine including diagnosis, medical test selection, therapy and prognosis *to name a few."- in "Medical algorithms and examples in healthcare", ForeSee Medical, 2021.*

"Imagine that the next time you see your doctor, she says you have a life-threatening disease. The catch? A computer has performed your diagnosis, which is too complex for humans to understand entirely. If this sounds like science fiction, it's not. It's what health care might seem like to doctors, patients, and regulators around the world as new methods in machine

learning offer more insights from ever-growing amounts of data." *- in* ***"How Health Care Changes When Algorithms Start Making Diagnoses",*** *Harvard Business Review, 8 May 2018.*

"The QCovid calculator, a tool to calculate a person's risk from COVID-19 has been updated to include who could be susceptible to serious complications, even if they have been fully vaccinated. It found that the elderly, were most likely to end up in hospital or die due to the coronavirus. The Oxford University team has designed an algorithm to see how at risk someone is, even after two doses of vaccine." *- in* ***"COVID-19: QCovid tool's new algorithm identifies those most at-risk from coronavirus after vaccination"****, 18 September 2021.*

"We need to accept that the pharmaceutical industry are there to make profit, they're profit-making businesses. They don't have a legal or fiduciary obligation to give you the best treatment. But the real scandal is that Doctors, Academic Institutions and Medical Journals collude with industry for financial gain, and when you look specifically at the guidance coming from National Institute for Health and Care Excellence (NICE) over the years on cholesterol they take their advice from a unit in Oxford University called the Clinical Trial Service Unit. There's a huge conflict of interest because this particular unit, which is one of the most influential units in the world, when it comes to cholesterol treatment, is also one that receives the most money from the Drug Industry hundreds of millions from the Pharmaceutical Industry." *- Dr Aseem Malhotra, MD, British Cardiologist, in "GBNews", 17 September 2021.*

Clinical Trial Service Unit

"The Clinical Trial Service Unit (CTSU) is a medical research institute within the Nuffield Department of Population Health at Oxford University. It primarily conducts large scale clinical trials and epidemiological studies." *- in Wikipedia, 19 September 2021.*

"Peto is professor of medical statistics and epidemiology at the University of Oxford and co-director of the university's Clinical Trial Service Unit and Epidemiological Studies Unit. *in "Sir Richard Peto Receives CDC Foundation Hero Award", CDC Foundation, 15September 2016.*

"Medical decision-making involves high degrees of uncertainty and clinicians are prone to reasoning errors. *In this respect, the involvement of machine learning algorithms in medical decision-making might yield better outcomes." - Thomas Grote, Philipp Berens, in "On the ethics of algorithmic decision-making in healthcare", BMJ, Journal of Medical Ethics,* ***20 November 2019.***

Chapter 5

COVID-19 Versus Law or The Medical Trade Against the People

"In October 2019, the Johns Hopkins Center for Health Security hosted a pandemic tabletop exercise called Event 201 with partners, the **World Economic Forum and the Bill & Melinda Gates Foundation.**

For the scenario, we modeled a fictional coronavirus pandemic. The exercise served to highlight preparedness and response challenges that would likely arise in a very severe pandemic.

We are not now predicting that the nCoV-2019 outbreak will kill 65 million people. Although our tabletop exercise included a mock novel coronavirus, the inputs we used for modeling the potential impact of that fictional virus are not similar to nCoV-2019." - Centre for Health Security, in "Statement about nCoV and our pandemic exercise", **John Hopkins Bloomberg School of Public Health**, 24 January 2020.

You Must Not Do Your Own Research When It Comes To Science

"When it comes to issues like Vaccinations, and the Novel Coronavirus SARS-CoV-2, it can be dangerous, destructive, and even deadly." *- in "You Must Not 'Do Your Own Research' When It Comes To Science", **Editor's Pick, Forbes**, 30 July 2020.*

Infection Fatality Rate Less than 0.20%

"Based on the currently available data, one may project that over half a billion people have been infected as of 12 September 2020, far more than the approximately 29 million documented laboratory-confirmed cases.

Most locations probably have an infection fatality rate less than 0.20%, and with appropriate, precise non-pharmacological measures that selectively try to protect high-risk vulnerable populations and settings, the infection fatality rate may be brought even lower." - John P. A. Ioannidis, in "Infection fatality rate of COVID-19 inferred from seroprevalence data", **Bulletin World Health Organization, WHO**, 14 October 2020.

Get Covid And Live Longer

"I must say I have been slightly rocked by some of the data on Covid fatalities. ***The median age is 82 – 81 for men, 85 for women. That is above life expectancy. So get Covid and live longer. Hardly anyone under 60 goes into hospital (4%) and of those virtually all survive."*** *- Boris Johnson, Prime Minister of the United Kingdom, in "WhatsApp messages", sent to aides in mid October 2020.*

Lock-Down Farce
Alcohol Related Deaths Rise by 20% in England During "Pandemic"

"Deaths in England from liver disease linked to excessive drinking jumped by an unprecedented 21% in 2020, when the coronavirus pandemic struck, as the heaviest drinkers consumed more alcohol at home, official data showed.

Total alcohol-related deaths rose by 20% last year to 6,983 in 2020, up from 5,819 in 2019.

Liver disease accounted for 80% of these deaths and rose 21% compared with a 3% rise the year before.

Deaths due to Alcohol Poisoning increased by 15% after falling 5% in 2019." - in "Reuters", 15 July 2021.

"It makes no sense to limit individual liberty, damage business and cause hardship for families when there is no overriding and greater public health reason for doing so." - *Gareth ward, MP, New South Wales, Australia, in "Statement: Shellharbour and Wollongong Lockdown", 7 July 2021.*

That Fear that Didn't Happen, The Models Failed in late March, and They Failed in April, They Failed Basically

"The (political) left does not want to talk about Data and Science, as much as they say they do. And certainly certainly when it comes to Coronavirus they don't.

Science is not Dr Anthony Fauci, MD saying:

"This is what science is".

It's not somebody saying we all follow the science, you must follow the sciences.

My mother says to me:

"I just follow the science".

And I say:

"You have no idea what the data says."

And what science is at its heart is; examining data sets, clinical trials, coming up with theories that fit those that fit the data you have, trying to test those theories, trying to reproduce them, people being able to reproduce the data independently, whether it comes out of a lab, or whether it's real world data it's not magic.

And it is something we can debate and discuss.

And that's what we should be doing, but the political left, and the media have grabbed the reins of this in a way that I never would have expected, and they refuse to debate anything they don't like.

To talk about the failure which is actually both a failure and a crushing success of expertise.

Because the public health establishment has really crushed any debate.

The first signal failure came with the failure of the models in March and April 2020.

There were predictions made that the hospitals in New York, and elsewhere, would be overrun. And those predictions weren't made out of nowhere, they weren't made out of thin air, the theory was, and this is true, it takes a week to two weeks after you're infected with the Coronavirus to become sick enough to be hospitalized, depending on your age, and your co-morbidities, and the viral load that you got.

And obviously most people who are infected with the coronavirus never even know it.

That now appears to be clear based on based on the serology test showing that many more people are infected then we have active.

Then we know we're actively infected that suggests that many people were infected and recovered without even knowing it.

But some group of people who are infected will become sick, and it takes a little while for them to become sick, it takes a little while longer for them to be hospitalized.

And then for that tiny fraction of people who are unfortunate enough to wind up in the Intensive Care Units, or ultimately to die, that takes a little while longer too.

So in mid to late March 2020 as the numbers were increasing in New York city especially, the fear of Epidemiologists was those numbers show what happened on, for example the number of hospitalizations on 22 March 2020, shows the number of infections on 10 March 2020, but there was no lockdown on 10 March 2020.

So if the virus is spreading quickly, through the New York city population by the time we actually lockdown, which was 22 March 2020 those 12 days there would have been a huge huge rise in infections.

And that rise would have led to an overwhelming rise in hospitalizations in the next 12 days.

That was the fear, that's really where all of this comes from, that fear that didn't happen, the models failed in late March, and they failed in April, they failed basically in real time, you could see it happening.

I just pointed out here's what the models say should be happening, they say that 50,000 to 70,000 people in New York state should be hospitalized, and the real number was about 15,000, and it's not going up very fast.

That meant basically that the lockdowns had failed, because if the lockdowns worked there would have been this huge spike in cases and then that spike would have dropped off very very rapidly as the lockdowns kicked in and new infections stopped.

Instead there was a much shorter spike, lower spike that didn't reach the levels that were predicted.

And it went on and on, suggesting that the lockdowns hadn't really been effective, and that the virus wasn't as dangerous as we thought.

Far fewer people were being hospitalized, that all by itself should have led to a huge reconsideration of what we were doing.

It did nothing of the sort and 6 months later, the same people who wanted those lockdowns in March 2020 are calling for a second wave of lockdowns, despite 6 months of real-world evidence that they don't work.

The hospital system can manage, even in places like Houston, Phoenix and Miami, there was no hospital crisis, there were crowded hospitals yes there was no hospital crisis.

That should call into question everything that we thought we were doing in March 2020, and to go back further this panic was not just predictable, it was predicted.

The sum of the same experts who now are desperate for masks and lockdowns, and other public health interventions before March 2020, warned about this, they said:

"There is a real chance we're going to panic at the wrong time, that we're going to impose all these incredibly expensive, and complicated, and society destroying, and school destroying, and economy destroying public health measures, that don't really work. We need to be careful about that."

It's very hard to have an honest debate or discussion, and and so here we are now 6 months later fighting about masks, and about test and trace, and isolate, and about a vaccine, and whether that should be mandatory when it comes.

Meanwhile in the real world the virus has killed almost nobody under 60, and certainly almost nobody under 60 who wasn't quite ill.

If you look at who actually gets sick and dies from the Coronavirus, it is overwhelmingly people, who are, either extremely elderly, or extremely sick, or both.

That's why 40% to 50% of all the deaths, occur in people in nursing homes and long-term care facilities.

We have next to no evidence that any of those measures that we undertook did any good.

We are being told, over and over again, that this is the worst epidemic since the Spanish Flu, when most people don't know anyone who's died from this, and certainly most people don't know anyone who's died from this, and I mean when I say most, I mean almost all I have conducted a survey about this, and there's been other surveys conducted about it, somewhere between 80% and 90% of Americans don't know anyone who's died from Covid.

Most people don't know anyone who's died from Covid and the people who know someone who's died from Covid, those those deaths overwhelmingly people who are older, and quite ill.

And what we're being told is the gap, is getting too far for anybody to accept any more.

To some extent we are doing this because we can.

And we have a bunch of companies that are benefiting

massively from this,

Technology Companies, Amazon or Apple, those stocks have done really well this year (the market is not stupid).

So we have the ability to do this, and we have an interest group, and ultra interest group which is now actively censoring people, that is encouraging this.

And that's not going away. That force is only becoming more powerful

We in 1960 in the united states spent $27 Billion dollars on Medical Trade Care (adjusted for inflation was $230 Billion), that was about 5% of the Gross Domestic Product (GDP).

Healthcare is now 20% of GDP, it is almost $4 Trillion, it is a massive, and massively powerful sector in the economy.

And we are spending almost $1 Billion dollars a week on [PCR] Tests for Covid alone.

Patients are a throughput when you run the health a healthcare company, you need patients.

The power to supercharge this rather modest epidemic into something that has shut down society has been driven by 2 incredibly powerful sectors of the economy, both of which benefit.

And those trends are only going to get worse, Tech is only getting more powerful, and and Healthcare is only becoming larger as a part of the economy.

There will be another flu, there will be something else, and if the and if the infection fatality rate on that is 0.5%, whatever this one is whatever fraction this is the pressure will be even more overwhelming to force us back into lockdown." - Alex Berenson, Journalist, in "The Coronavirus and the Constitution", Hillsdale College is an independent institution of higher learning founded in 1844 by men and women "grateful to God for the inestimable blessings", as a nonsectarian Christian institution it maintains "by precept and example" the immemorial teachings and practices of the Christian Tenets, 1 October 2020.

Lockdowns just Have One Consequence, that is Making Poor People a lot Poorer

"Look what's happening to poverty levels, it seems that we may well have a doubling of world poverty by next year. Lockdowns just have one consequence, that you must never belittle, and that is making poor people an awful lot poorer."- *Dr David Nabarro, Special Envoy on Covid-19 for the World Health Organization, Spectator TV, 8 October 2020.*

"Dr David Nabarro, was a medical officer, before joining the **National Health Service (NHS) United Kingdom**.

Later, he moved to the **London School of Hygiene and Tropical Medicine.**

In 1985 he joined the University of Liverpool Medical School as senior lecturer in International Community Health.

World Health Organization (1999–2005)

Nabarro joined the WHO in January 1999, as project manager of Roll Back Malaria.

In this capacity, **he worked with the director general Gro Harlem Brundtland for 2 years on a variety of issues, including the Commission on Macroeconomics and Health, Health Systems Assessments and the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria.**

As part of this work, he became for 1999-2001 a member of the board of directors of Medicines for Malaria Venture." - in "Wikipedia", 23 June 2021.

From Science Fiction to Science Farce

Weaponized Viruses

"An example of a weaponized virus would be influenza + HIV embedded in mosquitoes, used in biological warfare.

Artificial Intelligence could help neutralize this disproportion and allow biopharma to catch up to the rate of pandemic evolution.

Current technology can be applied to decrease the threat of pandemics.

Even without next-generation Artificial Intelligence systems progress can be made.

> ***The Canadian military is preparing for multiple waves of COVID19 over the next 12 months."*** - *General Jonathan Vance, Canadian Armed Forces*

By using Artificial Intelligence, big data, and small data techniques together, vaccines could be distributed on a massive scale in a more sophisticated and precise way.

This could be accomplished by using Artificial Intelligence to analyze personal data, such as genetics, to predict an individual's risk and potential sensitivity to specific vaccines." - in "AI Can Help Us Fight Infectious Diseases In A More Effective Way", Forbes, **27 May 2020.**

Developing Medical Counter Measures for Coronaviruses 2016

"Daszak reiterated that, until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored.

To sustain the funding base beyond the crisis, he said, **we need to increase public understanding of the need for Medical Counter Measures MCMs such as a Pan-Influenza or Pan-Coronavirus Vaccine.**

A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues.

Investors will respond if they see profit at the end of process, Peter Daszak, president of **EcoHealth Alliance**, stated." - in "Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary", Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine, Washington (DC), National Academies Press (US), **12 February 2016.**

Secret Pandemic Plan to Deny Care to Elderly 2016

"The strategy was drawn up by National Health Service (NHS) England following a pandemic planning exercise in 2016.

The NHS drew up plans to withdraw hospital care from people in nursing homes in the event of a pandemic.

The NHS plans refused treatment to those in their 70s and that "support" would instead be offered to use so-called "end of life pathways".

It suggests that in a "severe" flu pandemic, the Health Secretary could authorise medics to prioritise some patients over others and even stop providing critical care altogether." - in "NHS made secret pandemic plan to deny care to elderly", The Telegraph, 30 July 2021.

A Scenario to Facilitate Medical Countermeasure Communication 2017

"While the FDA, CDC, and other agencies were busy researching possible connections between Corovax and the reported Neurological Side Effects, their efforts were continually undermined by epidemiological analyses produced by various non-governmental individuals and groups.

The popular science blogger EpiGirl, for example, began posting interactive maps of the incidence of Corovax side effects in April 2027.

To create the maps, EpiGirl collected anecdotes of adverse Corovax side effects using Facebook, Twitter, and YouTube and combined them with data downloaded rom the HHS Vaccine Adverse Event Reporting System (VAERS), a national vaccine safety surveillance program maintained by the CDC and FDA.

SPARS Aftermath

Today, **nearly 5 years since the St. Paul Acute Respiratory Syndrome coronavirus made its global debut**, there remain human cases in 14 countries across Europe, Africa, and Asia.

The pandemic officially ended in August 2028, but the virus persists in domesticated animal reservoirs.

WHO experts hypothesize that small, **isolated outbreaks of SPARS were occurring long before the disease emerged on a global scale in 2025, and they anticipate that future outbreaks will continue to emerge unless countries**

maintain widespread vaccination coverage." - in "The SPARS Pandemic 2025–2028: A Futuristic Scenario to Facilitate Medical Countermeasure Communication", **Johns Hopkins Center for Health Security**; **October 2017.**

If You Have To: Be Persuaded, Reminded, Pressured, Lied to, Incentivized, Coerced, Bullied, Socially Shamed, Guilt-tripped, Threatened, Punished and Criminalized

"Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and Members of the House Health Committee, thank you for the opportunity to provide proponent testimony on House Bill 248.

My name is Chasity Shaffer, a registered nurse in the State of Ohio. The reasons I support House Bill 248 are very important to me, my family, my co workers and my patients.

I support medical freedom. **It is not the government's job to protect my health**, it's the government's job to protect my constitutional rights.

When you trade liberty, for safety you end up losing both. Ohio should continue to allow and protect medical, religious and conscience exemptions for all vaccines in all settings to all Ohioans.

Everyone has the right to direct their own health care decisions free from coercion or penalty and with informed consent. Personally, I had Covid-19 in December 2020, I should have antibodies, I should be protected, and **I should always have a choice.** My employer already mandates the annual flu vaccine and now they are mandating the covid-19 vaccine by 1st October, prior to FDA approval. **Nobody but you, should get to decide if taking a product with death listed as a side effect, is right for you or your child.**

Finally:

> ***"If you have to be persuaded, reminded, pressured, lied to, incentivized, coerced, bullied, socially shamed, guilt-tripped, threatened, punished and criminalized, if all of this is considered necessary to gain your compliance you can be absolutely certain that what is being promoted is not in your best interest." - Ian Watson***

Thank you once again for this opportunity to provide testimony on the need for and urgency of House Bill 248." - Chasity Shaffer, 24 August 2021.

Chapter 6

The First "Confirmed" Case of Covid-19 "Virus"

7 January 2020

"Here we study ***a single patient*** *(41-year-old man) who was a worker at the market and* ***who was admitted to the Central Hospital of Wuhan on 26 December 2019 while experiencing a severe respiratory syndrome that included fever, dizziness and a cough. Metagenomic RNA sequencing of a sample of bronchoalveolar lavage fluid from the patient identified a new RNA virus strain*** *from the family Coronaviridae, which is designated here 'WH-Human 1' coronavirus (and has also been referred to as '2019-nCoV'). Phylogenetic analysis of the complete* ***viral genome*** *(29,903 nucleotides) revealed that the virus was most closely related (89.1% nucleotide similarity) to a group of SARS-like coronaviruses (genus Betacoronavirus, subgenus Sarbecovirus) that had previously been found in bats in China.* ***This outbreak highlights the ongoing ability of viral spill-over from animals to cause severe disease in humans.***
Note added in proof: ***Since this paper was accepted, the ICTV has designated the virus as SARS-CoV-230; in addition, the WHO has released the official name of the disease caused by this virus, which is COVID-19."*** *- in "A new coronavirus associated with human respiratory disease in China", Nature, (submitted on the 7 January 2020), 3 February 2020.*

The Isolation of the So-Called "Virus" Farce

23 January 2021

"Why as the data not being shared?

"They didn't isolate the virus, that's the issue." - Professor Zun-You Wu, Chief Epidemiologist, Chinese Center for Disease Control and Prevention (CDC China)**, in "Return to Wuhan: What Life Is Like One Year Later", NBC Nightly News, **23 January 2021.

The Following questions arise:

If the "Virus" was not isolated how could it's "genetic sequence" be released?

How can you obtain a genetic sequence of something you cant isolate?

All PCR Tests are based upon what? A primordial soup?

The other questions is how has the Chinese CDC issued a image of the virus (please see the book the Nescience of Medicine), if a "Virus" is a piece of RNA or DNA.
Can pieces of RNA and, or DNA be photographed?

The other questions is that: ***The images shown are of cells, primarily of Kidney cellular tissue, and some times of Spleen cellular tissue. And these so-called "viruses" are shown in different sizes.***

Chapter 7

COVID-19 The Rule By Fear

"The initial predictions about this virus was that it was going to kill 2,000,000 Americans.

- We don't have that! We had never had that! We had predictions! We had models! We had studies from organizations many of which were funded by the Bill Gates Foundation, which is a foundation, who has a private interest in expanding vaccinations, and is in close working in close relationship with Big Pharma." - Thomas G. West, Professor of Politics, in "The Coronavirus and the Constitution", The Coronavirus and Public Policy, 22 April 2020.

"The CDC website is a treasure trove of misinformation, even worse than what I have seen on drug company websites." *- Dr Peter C. Gotzsche, MD in "Vaccines: truth, lies and controversy, 2020.*

The CDC is Certainly Misleading

"The Centers for Disease Control and Prevention (CDC), released new guidelines last month for mask wearing, it announced that "less than 10%" of Covid-19 transmission was occurring outdoors. Media organizations repeated the statistic, and it quickly became a standard description of the frequency of outdoor transmission.

But the number is almost certainly misleading.

That benchmark "seems to be a huge exaggeration." - Dr. Muge Cevik, a virologist at the University of St. Andrews.

In truth, the share of transmission that has occurred outdoors seems to be below 1% and may be below 0.1%, multiple epidemiologists told me." - in "A Misleading C.D.C. Number", The New York Times, 11 May 2021.

Sweden No Lockdowns Led To Better Mental Health, Healthier Economy And Happier People

"The International Monetary Fund (IMF) predicted that Sweden's economy would contract by 7% in 2020. In the end, GDP shrank by just 2.8%, significantly lower than the EU average of 6% and the UK - a staggering 9.8%." *- in* ***"The Sweden experiment: how no lockdowns led to better mental health, a healthier economy and happier schoolchildren"****, Telegraph,* ***22 August 2021.***

"21 of the 30 countries with available statistics had higher excess mortality than Sweden." - in ***"Sweden saw lower 2020 death spike than much of Europe*** *– data", Reuters, 24 March 2021.*

The Vaccine Farce

Those With 2 Vaccine Doses "May Still Die"

16 May 2021

"Matt Hancock (Health Secretary UK), has warned people who have been fully vaccinated may still die from coronavirus as the Indian variant spreads through Britain.

> *"It is one of the reasons why in the long-term we talk about* ***where we want to get with this disease, is managing it like Flu. People get vaccinated for Flu every year as well." - Matt Hancock***

" - in **"Matt Hancock warns those with two vaccine doses 'may still die' as Indian variant spreads"**, Express, 16 May 2021.

17 May 2021

Vaccines Save Lives

> ***"Vaccines save lives."*** *- Matt Hancock, Health Secretary UK, in "House of Commons", 17 May 2021.*

> ***"The rule is now simple: get vaccinated or wear a mask until you do.*** *The choice is yours." - Joe Biden, USA President, in "@POTUS", Twitter, 13 May 2021.*

Anyone Who Is Claiming that any of this is Totally Safe is Either Confused or Lying

*"**Anyone who is claiming that any of this is totally safe is either confused or lying,** because we cannot know. Simply they haven't been on market long enough for us to know." - Dr Heather Heying, American Biologist, in "How many cells are damaged to achieve immunity from vaccines", 15 May 2021.*

"Children of mothers vaccinated against measles and, possibly, rubella have lower concentrations of maternal antibodies and lose protection by maternal antibodies at an earlier age than children of mothers in communities that oppose vaccination. This increases the risk of disease transmission in highly vaccinated populations."** - in "Waning of Maternal Antibodies Against Measles, Mumps, Rubella, and Varicella in Communities With Contrasting Vaccination Coverage", The Journal of Infectious Diseases, **Oxford University Press, 8 May 2013.

"First are the injection site reactions. That's usually pain, redness of the skin ,or swelling at the injection site. And then there are systemic side effects — flu-like symptoms such as fatigue, muscle aches, nausea, and potentially fever." *- Dr Bruce Y. Lee, MD, executive director of Public Health Computational and Operations Research and professor of health policy and management at CUNY Graduate School of Public Health and Health Policy, in "Johnson & Johnson COVID-19 Vaccine Side Effects: What to Know", Healthline, 9 March 2021.*

"Bruce Y. Lee, MD, MBA has over two decades experience in industry and academia developing mathematical and computational models to assist a wide range of decision makers in health and public health.

Professor of Health Policy and Management at the City University of New York (CUNY) where he is the Executive Director of PHICOR (Public Health Computational and Operations Research), which he founded in 2007.

Professor by Courtesy at the Johns Hopkins Carey Business School.

His previous positions include serving as **Associate Professor of International Health at the Johns Hopkins Bloomberg School of Public Health**, **Director of Operations Research at the International Vaccine Access Center (IVAC)**.

He has been the Principal Investigator for over $30 Million worth of projects over the past 5 years alone supported by a variety of organizations and agencies including the **Bill & Melinda Gates Foundation, the National Institutes of Health (NIH)**, the Agency for Healthcare Quality and Research (AHRQ), the **Centers for Disease Control and Prevention (CDC)**, UNICEF, the Global Fund and USAID.

Served as a systems science and modeling expert for numerous advisory boards and committees such as the National Academies of Science, Engineering and Medicine committee.

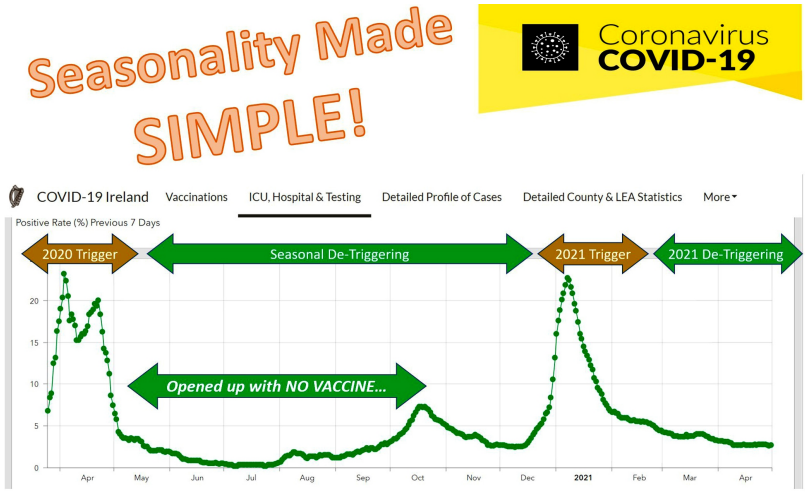
Dr. Lee has written extensively for the general media.

Senior Contributor for Forbes, covering a wide range of health-related topics including medicine, wellness, digital health and the business of health and having written over 700 articles.

His writing has also appeared in a number of other media outlets including **Time, The Guardian,** the HuffPost, and the MIT Technology Review.

His work and expertise have appeared in leading media outlets such as the New York Times, USA Today, the Los Angeles Times, Newsweek, CBS News, Businessweek, U.S. News and World Report, Bloomberg News, Reuters, and National Public Radio (NPR)." - in " CUNY Graduate School of Public Health & Health Policy", 15 April 2021.

Last Summer With No Vaccines Magic



- Seasonality Made Simple, source: "ICU, Hospital & Testing Data, Ireland, April 2020 to April 2021."

"The vaccination programme also worked really well last summer, with no vaccines. Magic!" *- Graham Neary, in "Twitter", 13 May 2021.*

"Compared to 3 Million deaths from COVID, there are 9 Million deaths from Hunger a year". *- Dr Joan Martinez, MD in "Madrid Market ", 8 May 2021.*

There is No FDA Approved Vaccine to Prevent Covid-19

"Lest we forget, all covid-19 vaccines currently in use in the US are available under emergency access only.

(The situation is similar in Europe, where four covid-19 vaccines have been granted "conditional marketing authorisations," a fast track mechanism that can be used in emergencies. These can be converted into standard "marketing authorisations" pending positive data after authorisation, but this has not yet happened for any covid-19 vaccine being administered.)

> ***"There is no FDA approved vaccine to prevent Covid-19."*** *- in "Moderna Covid-19 Vaccine EUA Fact Sheet for Recipients and Caregivers", 2021, www.fda.gov/media/144638/download*

The BMJ asked Moderna, Pfizer, and Janssen (Johnson and Johnson) what proportion of trial participants were now formally unblinded, and how many originally allocated to placebo have now received a vaccine.

Pfizer declined to say.

Moderna announced that:

> *"As of 13 April 2021, all placebo participants have been offered the Moderna Covid-19 Vaccine and 98% of those have received the vaccine." - in "Moderna Provides Clinical and Supply Updates on COVID-19 Vaccine Program Ahead of 2nd Annual Vaccines Day", 13 April 2021.*

In other words, the trial is unblinded, and the placebo group no longer exists." - in "Covid-19 vaccines: In the rush for regulatory approval, do we need more data?", BMJ, 18 May 2021.

"It is not right to treat unvaccinated individuals as if they are sick individuals, or as if the choice they have made is morally wrong.

No one in our society should be hindered from participating in business, schools or our government, just because they have made a very personal decision for themselves, or for their children not to receive a particular vaccine or vaccines.

The mere fact that a person has not received a specific vaccine does not make them a threat to others health and safety.

It is no secret that the Covid19 vaccines are not FDA approved.

The Governor of Texas himself recently said, and I quote:

> *"Here is a reality everybody needs to understand these vaccines have not been formally approved by the FDA, they have not been approved, for they have been approved for emergency use operation, and that means no one can be required to take the vaccine."*

Vaccine Adverse Event Reporting System (VAERS)

Year	Reported Vaccine Deaths
2017	85
2018	119
2019	203
2021 In Only 4 Months (December 2020/ April 2021)	3,362

A little bit of history: in 2019 there were reported to the Vaccine Adverse Event Reporting System (VAERS) 203 vaccine deaths, in 2018 119 deaths, and in 2017 85 deaths.

Since December 2020 through 23 April 2021, in 4 months, there have been reported 3,362 deaths for Covid vaccine.

That's roughly 30 people a day dying from this vaccine, or one of them.

Vaccine adverse event reporting system fares is estimated by most people that follow it as being less than 1% of what actually happens.

In the 4 months of 2021 we've had more Covid 19 experimental vaccine deaths, than all the vaccine deaths for the 15-year period between 1997 and 2013. Plus almost 1,000 heart attacks and over 8,000 hospitalizations.

In 1976 there were 45 million people were vaccinated for the swine flu.

> ***"Swine Flu program is halted in 9 states as 3 die after shots".*** *- in "New York Times", 13 October 1976.*

The program was immediately halted because it was considered too risky.

Even vaccines that are FDA approved, can still have significant side effects.

The Federal Government has paid out more than USD $4.5 Billion to vaccine victims through the National Vaccine Injury compensation program.

The law passed in 1986 which created this compensation program, shields vaccine manufacturers, and the medical personnel who administer the vaccines from liability.

If a business requires you to take a vaccine, all the risk: physically and financially; is on you personally.

The business has no responsibility if you have a mild adverse reaction a lifelong disability or even die." - Senator Bob Hall, in "Senate Committee On State Affairs", Texas Senate, 6 April 2021.

NEJM Editor had Close Ties with the FDA Authorisation Process when publishing Covid-19 Vaccine Trials

"The British Medical Journal (BMJ) has found that some of these **experts have significant industry ties.**

Investigation into expert advisory committees for Covid-19 vaccines has uncovered close ties between a leading medical journal and the FDA's authorisation process.

The editor in chief of the New England Journal of Medicine (NEJM), Eric Rubin, sat on the authorisation panels for and voted to recommend authorising the Pfizer, Moderna, and Johnson & Johnson Covid-19 vaccines.

After the panels authorised these vaccines, Pfizer and Moderna published their clinical trials in NEJM.

Janssen, maker of the "one shot" Johnson & Johnson vaccine, had published its interim results in NEJM on 13 January 2021, before seeking FDA authorisation." - "**Covid-19: How independent were the US and British vaccine advisory committees?**", BMJ, 26 May 2021.

> *"**Research fraud is often viewed as a problem of "bad apples**," but Barbara K Redman, insists that **it is not a problem of bad apples but bad barrels if not, she said, of rotten forests or orchards. I**n her book Research **Misconduct Policy in Biomedicine**: Beyond the Bad-Apple Approach she argues that **research misconduct is a systems problem—the system provides incentives to publish fraudulent research. Stephen Lock, my predecessor as editor of The BMJ, became worried about research fraud in the 1980s,"** - Richard Smith (editor of the BMJ until 2004), in "**Time to assume that Health Research is fraudulent until proven otherwise**?", British Medical Journal, 5 July 2021.*

Social Distancing and Face Masks Forever

"Social distancing and wearing face masks should stay forever, a Communist-supporting SAGE scientist has claimed. Professor Susan Michie, of University College London, said she thinks the draconian restrictions should become part of people's every day routine." - in "Social distancing and face masks should stay FOREVER says **Communist SAGE committee member Professor Susan Michie**", Mail Online", 10 June 2021.

Covid-19 is not a Health Pandemic, it is an Ideological Pandemic

"Covid-19 is not a Health Pandemic, it is an Ideological Pandemic." - Rui Alexandre Gabirro, Emunctologist

Neil Ferguson

"Professor Lockdown", for being "doomster in chief", constantly predicting catastrophe and then back-pedalling when the worst numbers don't materialise." *- in "Britain's Covid experts are under attack, but they are just doing their jobs", The Guardian, 8 August 2021.*

"It's a communist one party state, we said. We couldn't get away with it in Europe, we thought... and then Italy did it. And we realised we could." *- Neil Ferguson in* ***"After a year when his advice helped to drive pandemic politics, Professor Neil Ferguson says he was mostly right"****, The Times, 25 December 2020.*

"We have a simple message for all countries: Test, Test, Test." *- Dr Tedros Adhanom Ghebreyesus, WHO Director General, media briefing on COVID-19, 16 March 2020.*

"Lockdowns and hygienic measures around the world are based on numbers of cases and mortality rates created by the so-called SARS-CoV-2 RT-PCR tests used to identify "positive" patients, whereby "positive" is usually equated with "infected." But looking closely at the facts, the conclusion is that these PCR tests are meaningless as a diagnostic tool to determine an alleged infection by a supposedly new virus called SARS-CoV-2." *- Torsten Engelbrecht and Konstantin Demeter, in "COVID19 PCR Tests are Scientifically Meaningless Though the whole world relies on RT-PCR to "diagnose" Sars-Cov-2 infection, the science is clear: they are not fit for purpose", 27 June 2020.*

Covid-19 as a Dangerous and Deadly Disease Needs to Change

"Health experts in Singapore say part of this new transition to living with Covid will include a mentality shift, they say ***the messaging surrounding Covid-19 as a dangerous and deadly disease needs to change. That the messaging to the public that Covid-19 is predominantly a mild disease; needs to be clear.*** *And it seems the government of Singapore is listening, t****hey are now urging people to not rush off to the hospital when they test positive, but to instead stay home use self-care and not to worry."*** *- in "Norway DROPS All Restrictions And Chooses To LIVE With Covid", The Hill, 28 September 2021.*

The Goal of Developing and Delivering a Universal Influenza Vaccine

"The impacts of widespread illness and efforts to contain a pandemic could overwhelm health care systems, curtail and restrict global trade and travel, disrupt global supply chains of essential goods and local social services, and greatly increase school and work absenteeism. A large-scale pandemic has the potential to cost the global economy up to USD $6 Trillion (National Academy of Medicine, 2016), and simulations show that an estimated 33 Million people could die in the first 6 months of an outbreak (Institute for Disease Modeling & Bill & Melinda Gates Foundation, 2018). The goal of developing and delivering a Universal Influenza Vaccine (UIV) — capable of eliminating the current threats to the health and well-being of populations worldwide. These proposed next steps — the Group's Big Ideas — were informed by the extensive work to date led by governments, academic researchers, global industry and biotech firms, and philanthropists." *- in* ***"Accelerating the Development of a Universal Influenza Vaccine",*** *Sabin-Aspen Vaccine Science & Policy Group,* ***July 2019.***

Chapter 8

Universal Basic Income Program

"I'm a committee member in the Liberal Party of Canada. I sit within several committee groups, but the information I am providing is originating from the Strategic Planning Committee, which is steered by the Prime Ministers Office (PMO).

The road map and aim was set out by the PMO and is as follows:

- Complete and total secondary lock down (much stricter than the first and second rolling phase restrictions), expected by end of December 2020 - early January 2021.

Reform and expansion of the unemployment program to be transitioned into the universal basic income program expected by Quarter 1 2021

- Transitioning of individuals into the universal basic income program, expected mid Q2 2021." - in "Canadian Liberal Party member detailing a meeting steered by the the Canadian Prime Ministers Office", 10 October 2020.

Wales to Launch Universal Basic Income Scheme

"A pilot **Universal Basic Income (UBI) scheme is to be launched in Wales**, the first minister, Mark Drakeford, has revealed. **Under a UBI system, every citizen, regardless of their means, receives regular sums of money for life to cover the basic cost of living."** - in "Wales to launch pilot universal basic income scheme", Guardian, 14 May 2021.

Global Over-Population Is The Real Issue

"How the hell can we witter on about tackling **global warming**, and reducing consumption, when we are continuing to add so relentlessly to the number of consumers? The answer is politics, and political cowardice." - Boris Johnson, MP for Henley, in "The Telegraph, 25 October 2007.

But Baby Number 7 on the Way

"After years of carefully avoiding saying how many children he has, Boris Johnson (UK Prime Minister) has finally admitted he's the proud dad to 6 kids - and number 7 is on the way." - in "Boris Johnson's children", The Mirror, 31 July 2021.

Global Health Emergency

"The Global Health Emergency has shown us what a truly borderless crisis looks like.

Climate change and biodiversity loss represent a borderless crisis the solutions to which have been argued about and postponed for far too long, the fight against this terrible pandemic provides, if ever one was needed, a crystal clear example of **the scale and sheer speed at which the global community can tackle crises when we combine political will with business ingenuity and public mobilization.**

We are doing it for the pandemic, we must also do it for the planet.

Only through this sort of government and business coalition can we once again literally put the wind in our sails and win the battle against climate change across all sectors.

We business leaders working through my sustainable markets initiative over the past 16 months have helped us develop the Terra Carter ("Earth Charter" which encourages all businesses to adopt sustainable practices by 2030), a road map if you like offering practical steps on where we need to go and crucially how to get there.

Because to "build back better" we need above all a truly effective partnership between government and business in order to mobilize finance and innovation and to deliver a just transition for developed and developing economies alike, only through this sort of government and business coalition can we once again literally put the wind in our sails.

And win the battle against climate change, and the wind of opportunity to tackle it is closing extremely fast." - Prince Charles, the Prince of Wales, address to the "G-7 Summit", England, 11 June 2021.

Lockdown Every Two Years

"Global lockdown every two years needed to meet Paris CO2 goals – study." *- in "Equivalent of Covid emissions drop needed every two years - study" ,The Guardian, 3 March 2021.*

Editors Note: *It will be seen, it shall be known, that the Planet, along with all the Galaxy, has been since 2013, in the way, in the beginning of an Ice Age.*

Bill Bowtell

"The fact is over 50,000 men women and children now carry the AIDS Virus that in 3 years nearly 2,000 of us will be dead but if not stopped it could kill more Australians than World War II." *- Bill Bowtell, in "AIDS 'Grim Reaper' Ad Campaign, Australia, 1987.*

Bill Bowtell AO is one of Australia's foremost health policy strategists.

As senior adviser to the Australian Health Minister, Bill Bowtell was an architect of Australia's world-renowned response to the emergence of HIV/AIDS which brought together affected communities, researchers, clinicians, and politicians, changing the course of the Australian pandemic and saving thousands of lives.

For over four decades, Bill Bowtell has served in many roles and capacities at the intersection of health, development, and politics in Australia and internationally.

"The Coronavirus Pandemic has made public health experts the talking heads of the age. And few have become as prolific as health consultant Bill Bowtell, a one-time Labor staffer and senior federal public health bureaucrat whose claim to fame was masterminding Australia's response to the HIV/AIDS pandemic in the 1980s." *- in "Bill Bowtell discovers sensitivity", The Australian Financial Review, 12 July 2021.*

Matt Hancock, Secretary of State for Health

"Mike Graham - **How absolutely and utterly idiotic and useless can a government be?**

Peter Hitchens – Much, much worse than this one, you wait and see.

But this is not really about government, this is about the huge gap between the propaganda which the government has spread, and what it really believes.

You saw in the case of Professor Ferguson, you saw in the case of Dominic Cummings wild right Barnard Castle, and you see in this, the simple fact **these people never believed their own propaganda.**

At the time they did these things, they were supposed to, be not doing them, because we were faced with a "terrifying disease", which "spread with incredible percy", and therefore you simply couldn't do certain things.

It was that serious and yet all these people did things which didn't fit in with the rules which they had imposed.

Matt Hancock personally imposed by decrees, signed in his own name, on the population.

That's the first thing to remember the second is the bizarre state of British politics and public opinion.

Here is a man who over 15 months has:

1. Crashed the economy, strangled huge numbers of businesses, ended thousands of jobs whose holders probably don't yet know they've gone.

2. Reduces to the most incredible levels of debt, condemned us to years of high inflation and punitive taxation.

3. Wrecked the education of hundreds of thousands of school children and students.

4. Destroyed the lives of many old people who were deprived entirely of social contact.

All these things and he remains in office and is largely treated as if he was a competent person.

But he canoodles with the colleague in the algae rooms in his ministerial office, and gosh, this is all terrible, he has to go.

Because, he's broken social distancing rules!

That is the state of this country.

People, the fascinating thing is as always not what's against the rules, but what's allowed under the rules.

He could have done all those things provided he hadn't done a canoodle inside of a CCTV camera, and solved in his own office apparently without his knowledge, he would still be there." - in "Talk Radio", United Kingdom, 30 June 2021.

Chapter 9

States Ban Vaccine Passports

"Alabama has come out against the use of Covid-19 vaccination certificates to grant certain privileges, following in the footsteps of **several other US states that have banned health 'passports'.**

Other states have prohibited such documentation from ever taking root.

Iowa adopted a bill earlier in May 2021, that prevents local governments and businesses from receiving state money and contracts if they require proof of vaccination from residents.

Other states have gone further, **Governors Ron DeSantis (R-Florida), and Greg Abbott (R-Texas) have signed executive orders banning vaccine passports in their states.**

Governor Doug Ducey (R-Arizona) signed an executive order in April 2021 prohibiting state and local governments from requiring people to prove their vaccination status to receive services or gain entry to establishments." - in "Alabama becomes latest US state to ban vaccine passports, as debate rages over mandating proof of Covid-19 status", RT News, 25 May 2021.

"I believe mandatory vaccination is inexpedient and should not be introduced. People should realise themselves the need for vaccination." - Vladimir Putin, President of Russia, in "Putin: I Am Against Mandatory Vaccination And It Should Not Be Introduced In Russia", Russia Insight, 27 May 2021.

World Health Organization (WHO)
@WHO
Preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission of the novel #coronavirus (2019-nCoV) identified in #Wuhan, #China.
CORONAVIRUS
(2019-nCoV)
World Health Organization
11:18 am · 14 Jan 2020 · Twitter Web App
22.6K Retweets
47K Quote Tweets
27.2K Likes

World Health Organization (WHO)

@WHO

"Preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission of the novel #coronavirus (2019-nCoV) identified in #Wuhan, #ChinaFlag of China." - in Twitter, 14 January 2020.

https://twitter.com/WHO/status/1217043229427761152

The Vaccine Is Trust First Trust In science

"**The vaccine is trust. First, trust in science.**

I salute the journalists and others fact-checking the mountain of misleading stories and social media posts.

With common cause for common sense and facts, we can defeat COVID-19 - and build a healthier, more equitable, just and resilient world." - in "UN chief on COVID-19 and misinformation", OCHA, **14 April 2020.**

The Patients Who Die, After and Possibly From a Vaccination

"The Chief Pathologist at the University of Heidelberg, Peter Schirmacher, urges many more autopsies of vaccinated people.

In addition to corona deaths, the corpses of people who die in connection with a vaccination would also have to be examined more frequently.

The director of the Pathological Institute in Heidelberg even warns of a high number of unreported cases of vaccination deaths and complains: "The pathologists do not notice anything about most of the patients who die after and possibly from a vaccination."

The doctor now wants to get to the bottom of rare, serious side effects of vaccination - such as cerebral vein thrombosis or autoimmune diseases." - in "Heidelberger Chef-Pathologe fordert mehr Obduktionen von Geimpften", WELT, 3 August 2021.

The Data Support The Failure of the Vaccine

"If data is analysed, we find that the Covid-19 Vaccine that was going to be "the solution to the pandemic", what is really generating, is that it continues to rise.

From the data, we can make a comparison between the months of June to August 2020 and 2021.

1. The average of the Admission Indices for the months of June to August 2020; was 75, and during these same months in 2021, is 443 so far. That is 490% rise.

2. Making this comparison with the percentage of occupancy in Intensive Care Unites, we have the average of these months in 2020 at 4.83%, and in 2021 at 17.13%. That is 12.30% rise.

3. Comparing the deceased (deaths), in these months we have that in 2020 they were 98, compared to 130 in 2021. That is 32% rise.

4. If we make a comparison of the rate of positive cases per 100,000 inhabitants, in different European countries (France, Germany, Italy, United Kingdom, Spain, Portugal, Belgium, Sweden, Norway, Denmark, Netherlands and we include the Basque Country), we see that in all, they give a common denominator; and that is that the cases in the months of May to August 2020, were much lower than those that have been registered during 2021.

5. If we relate the percentage of complete vaccines administered. It can be seen that this increase in cases per 100,000 inhabitants is directly related to the percentage of complete vaccination, carried out in each country. Being Sweden (46% rise), Norway (40% rise) and Germany (57% rise) those with the lowest rate of cases, while the United Kingdom, Spain, the Netherlands, Portugal, and Basque Country (60% rise) those with the highest rate of cases.

6. Making a comparison between Sweden, and Basque Country with totally different and opposing strategies: Confinement versus Non-Confinement, percentage higher versus lower vaccination, we have the data overwhelmingly support that Sweden's strategy is, and is being much better than that of Basque Country.

	Sweden	Basque Country
Lethality	1.32%	1.73%
Mortality	0.14%	0.20%
Rate per 100,000 Inhabitants July 2021	99	1446
Rate per 100,000 Inhabitants August 2021	118	599
Rate per 100,000 Inhabitants Entire Pandemic	142	204

7. If we focus, on the lethality and mortality in the Basque Country, during the entire pandemic, we see that in the age group 0 to 10 years, mortality has been 0.00005%, and lethality 0.0004%.

That is in no case justified, that this age group has to be vaccinated, and if it is justified that it is because it can infect the elderly.

The health administration will have to consider, that the vaccine has been a failure, since the elderly are vaccinated and it seems not to serve them, as shown by the infections, and deaths that are reappearing in the residences when the people who are in them are isolated and the workers most are vaccinated, and it is assumed, at this point, with sufficient protection measures.

That is why the Basque Government, must stop vaccination, and study whether this, is not the one that is really creating the problem, rather than the solution.

At the end of the day, epidemiological data are there to be analysed and thereby draw conclusions." - Jon Ander Etxebarria Garate, Spanish Biologists, Head of the Bilbao Water Quality Control, former Dean of the Euskadi College of Biologists, in "The biologist Jon Ander Etxebarria Garate, Forceful: The Data Support The Failure of the Vaccine", Euskalnews, 18 August 2021.

I Refuse to be Vaccinated

"I refuse to be vaccinated. My conscience told me not to get vaccinated. When we look at the WHO curves since the start of vaccinations in January, the infection curves soar upwards as well as the number of deaths, including young people, from thrombosis and all that, (mass vaccination against coronavirus is), so to speak, a scientific error and medical negligence." *- in "I will not get vaccinated"* ***– Nobel Prize Winner French Virologist Professor Luc Montagnier*** *who discovered HIV, Soul:Ask, 23 May 2021.*

"As of 8 August 2021, ***991 people had died in Japan after receiving shots of Pfizer Inc's vaccine and 11 after receiving Moderna's****, but no causality between the injections and the deaths has been established, according to the health ministry." - in "****Two die in Japan after shots from suspended Moderna vaccines - Japan govt****", Reuters, 28 August 2021.*

"The media spread panic and nonsense. We will not be vaccinated any more. I start every day with CNN and those few channels and I wonder if I am normal or are they crazy. They spread panic. They do it from the beginning." *- President of Croatia, in "N1", Live Croatia TV Interview Broadcast, 20 September 2021.*

Manipulation Without Shame or Dignity

"Faced with the failure of the Covid-19 vaccines, Israel, Chile and many other countries began to put a dose of remembrance ("of reinforcement", "third dose").

In Israel, in the middle of the booster vaccination campaign, the Ministry of Health is already considering whether a 4th dose, or a booster dose will be required every year; "or every 5 or 6 months".

In any case, in Israel the "vaccination passport" is considered expired 6 months after the last dose.

This scenario leads to the discrediting of Covid-19 vaccines, which seemed the definitive and almost magical solution to the pandemic.

There are 2 narratives that seek to return the vaccine credit:

1. Don't call it reinforcement. It is the 3rd dose of a vaccine that is given in 3 doses, like many others.

Stop talking about of "remembrance" or "reinforcement" doses of the Covid vaccine.

The 3rd vaccine should be considered the last dose in the series, as calculated.

We may or may not need further boosters, but for now the 3rd dose is part of the schedule and this dose allows the work of generating a robust and long-lasting immune response to be completed.

2. The two-dose schedule was decided to have a rapid impact in reducing deaths from Covid-19.

It is likely that the efficacy of the immune response would have been longer and better if the doses had been more widely spaced, but a short timetable was imposed to achieve rapid efficacy to avoid deaths from Covid-19.

Increasing the time between the first and second dose could have led to more deaths from Covid-19.

Manipulation without shame or dignity." - Dr Juan Gérvas, MD, Former Faculty Associate, Johns Hopkins University, School of Hygiene and Public Affairs, on "Facebook", 19 September 2021.

Number of People Died Within 21 Days of Having COVID-19 Vaccine in England Between January and June 2021

Vaccination Status	Deaths Involving COVID-19	Non-COVID-19 Deaths
Deaths within 21 days of First Dose	4,388	14,265
Deaths 21 days or more after First Dose	7,289	66,533
Deaths within 21 days of Second Dose	182	11,470
Deaths 21 days or more after Second Dose	458	57,263

"Count of deaths involving COVID-19 and percentage of all deaths by vaccination status, England, deaths occurring between 2 January and 2 July 2021." - in "Deaths involving COVID-19 by vaccination status, England: deaths occurring between 2 January and 2 July 2021", Office for National Statistics, 13 September 2021.

Pharmacovigilance Investigation Concerning Janssen Covid-19 Vaccine

*"**A total of 25 deaths were recorded** for 1,000,673 injections, ie ~ **1 for 40,000 injections.***

New side effects identified in this report:

1. Guillain Barré syndrome

***2. Immune thrombocytopenia.**" - in "Enquête de pharmacovigilance du vaccin COVID-19 JANSSEN, Rapport n°4 : période du 09 juillet 2021 au 26 août 2021", 9 September 2021.*

If It Works Perfectly is Going to Take a Decade

"In order to make the transition, from getting out of the tried and true egg growing, which we know gives us results that can be you know beneficial. I mean, we've done well with that to something that. Has to be much better, you have to prove that this works, and then you've got to go through all of the clinical trials Phase 1's, Phase 2's, Phase 3's, and then show that this particular product is going to be good over a period of years, that alone if it works perfectly is going to take a decade. So we really do have a problem of how the world perceives influenza, and it's going to be very difficult to change that, unless you do it from within, and say I don't care what your perception is we're going to address the problem in a disruptive way and in an iterative way because you do need both." *- Dr* ***Anthony Fauci, MD****, Director of the National Institute of Allergy and Infection Diseases, NIH, CDC, in "Making Influenza History: The Quest for a Universal Vaccine", Milken Institute, 28-30* ***October 2019.***

Chapter 10

Every Year People Catch The Flu

*"**Every year people catch the Flu. The overwhelming majority recover without needing to be hospitalised with little or no medication, especially the elderly and those with comorbidities can get very ill, and some succumb. We can't eradicate it, but we can turn the pandemic into something much less, threatening like Influenza, or chicken pox and get on with our lives.**"- Ong Ye Kung, Minister of Health of Singapore , in a newsroom, the Straits Times, 2 July 2021.*

*"**The Influenza SARS-CoV-2 (Flu SC2)** Multiplex Assay is a real-time RT-PCR multiplexed test intended for the simultaneous qualitative detection and differentiation of SARS-CoV-2, influenza A virus, and/or **influenza** B virus nucleic acid in upper or lower respiratory specimens (such as nasopharyngeal, oropharyngeal and nasal swabs, sputum, lower respiratory tract aspirates, bronchoalveolar lavage, and nasopharyngeal wash/aspirate or nasal aspirate) collected from individuals suspected of respiratory viral infection consistent with COVID-19 by a healthcare provider. **Symptoms of respiratory** viral **infection due to SARS-CoV-2 and Influenza can be similar.**"- in "CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay", 5 August 2021.*

"CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and Influenza viruses. Such assays can facilitate continued testing for both Influenza and SARS-CoV-2 and can save both time and resources as we head into Influenza Season."- in "Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing", CDC, 21 July 2021.

Is Just Like the Common Flu

"This determination of a "Public Health Emergency of International Concern", in turn was needed by the Global Alliance of the Pharmaceutical & Tech Industries, in order to achieve the goal of so-called Vaccinations, which was their true stated intention right from the beginning.

Only, on the basis of this "Public Health Emergency of International Concern", that is on the basis of this "State of Emergency".

Is it possible at all according to the rules of the World Health Organization (WHO).

To use untested Drugs on Humans, by way of this emergency approval, all other steps:

Social Distancing.
Lockdowns.
Mask Mandates.
Etc.

Served only to give the population.

1. A visible reason for an otherwise illusionary Panic created solely through Psychological Operations.

2. To subjugate them so that they would ultimately agree even to the so-called vaccinations.

In reality, these vaccinations are experimental "Gene Therapies", without any scientific study, as the basis.

There is neither reason nor even a necessity for them.

There is no evidence for a pandemic.

Only the fake Dresden PCR Test with its false.

positives is responsible for the public health emergency of international concern, as explained above.

The Mainstream Media, and the Politicians, which are both under control of the Global Corporations, and the Global NGOs, are doing everything in their power to make Reds and registration of vaccination, Adverse Events as difficult as possible.

In France, for example, the government is threatening to make vaccination mandatory, and introduce compulsory vaccination. And in the US the president wants to censor even private Communications, even if it concerns completely, correct, whose only problem is that they're not in line with the official fraudulent line, as announced by the government.

The completely unsuitable, Dresden PCR test, cannot be the basis for any anti Corona measures.

Destruction of regional economies to make the world's population dependent on Global Supply.

We are obviously dealing here with megalomaniac Psychopaths and Sociopaths, who should have been stopped a long time ago." - Reiner Fuellmich, in "PCR Test is an Outrageous Fraud, Corona Virus Is Just Like the Common Flu", 8 August 2021.

"Lockdown 'absolutely' last resort UK Vaccine Minister Zahawi insists but warns Brits to brace for flu", *in The Sun, 14 September 2021.*

Flu Season Didn't Happen Last Year in Canada

"Measurements of flu stayed so low all year that it actually never passed the threshold the Public Health Agency of Canada (PHAC) normally uses to declare the start of the season - which usually happens in the fall. PHAC recorded 69 influenza detections in the 2020-2021 flu season, in its final FluWatch report on 28 August 2021. Normally, around 52,000 cases are detected." *- in* ***"Hardly any Canadians caught the flu last year.*** *What can we expect this fall?", Global News Canada, 10 September 2021.*

Australia Is Currently Reporting "Historically Low Levels" of Influenza

"Following historically low activity levels observed from April 2020 onwards*, community influenza-like-illness (ILI) activity in the year to date in 2021 remains at low levels. Notifications of laboratory-confirmed influenza have also remained low since April 2020. In the year to date in 2021, there have been 512 notifications to the National Notifiable Diseases Surveillance System (NNDSS) in Australia, of which 26 notifications had a diagnosis date this fortnight.* ***No influenza-associated deaths have been notified to the NNDSS."*** *- in "Australian Influenza Surveillance Report and Activity Updates", Department of Health, 17 September 2021.*

***"The flu: Influenza and pneumonia killed 8,511 people in 2018**, per Statistics Canada figures."- in "5 things more likely to kill you in Canada than coronavirus", Global News Canada, 20 March 2020.*

***"About 300 people have died from the flu already this year - more than double that in all of 2018. Influenza expert Professor Robert Booy believes it will be a moderate flu season and not as severe as in 2017, when 1,163 died. There have been 135,952 laboratory-confirmed cases of influenza across Australia so far this year, well above the 17,349 average at the same point over the previous five years, federal health department data shows."** - in "7 News", 11 November 2020.*

Two-in-One Vaccine Booster Shot that Protects Against Both Covid-19 and the Seasonal Flu

***"Moderna's new vaccine, which the company is calling mRNA-1073, combines its current Covid vaccine with a flu shot that's also under development."** - "Moderna shares rise after company reveals single-shot vaccine booster for Covid and flu", 9 September 2021.*

Australia Deaths Due to Influenza 2017

"In 2017 there were 1,255 deaths due to influenza.

This is a significant increase from 2016 where 464 influenza deaths were recorded.

An individual dying from influenza in 2017 was most likely to be aged over 75 years, have multiple co-morbidities and living in the eastern states of Australia.

From age 70 numbers of deaths increased progressively.

The age group with the highest number of deaths was 90-94 years.

Common Associated Causes

Persons with existing health problems, weakened immune systems and older adults are at higher risk of influenza.

In 2017, persons who died from influenza had an average of 4.3 conditions listed on their death certificate.

When grouped together, Influenza and Pneumonia accounted for 4,269 deaths, and were the 9th leading cause of death, moving from the 11th leading cause of death in 2016 (3,334 deaths)." - in "Causes of Death, Australia, 2017", Australian Bureau of Statistics, 26 October 2018.

Australia Deaths Due to "Covid-19" 2020-2021

"As at 3pm on 31 December 2020, a total of 909 deaths, of COVID-19 have been reported in Australia." *- in "Coronavirus (COVID-19) at a glance", Department of Health, Australia, 31 December 2020.*

"COVID-19 summary statistics: Total Deaths 1,220". *- in "Coronavirus (COVID-19) case numbers and statistics", Department of Health, Australia, 25 September 2021.*

Covid Will Eventually Become Like the Common cold

"Sarah Gilbert, professor of vaccinology at Oxford, whose work led to the development of the Oxford/AstraZeneca Covid-19 jab, revealed she is struggling to get funding to help prevent future pandemics.

Lack of investment from governments and other research funding sources shows they have not learned lessons about the importance of pandemic preparedness.

"We're still trying to raise funds to develop other vaccines that we were working on before the pandemic against diseases that have caused outbreaks in the past and will cause outbreaks in the future - Nipah virus, lassa fever virus and Mers coronavirus." - in "Covid will eventually become like the common cold, says Professor Dame Sarah Gilbert", The Evening Standard, 23 September 2021.

Least We Forget The Medical Trade HIV (AIDS) Virus Pandemic

"In 1988, I was working as a consultant at Specialty Labs in Santa Monica, California, setting up analytic routines for the Human Immunodeficiency Virus (HIV).

I knew a lot about setting up analytic routines for anything with nucleic acids in it because **I had invented the Polymerase Chain Reaction (PCR Test).**

That's why they had hired me. Acquired Immune Deficiency Syndrome (AIDS), on the other hand, was something I did not know a lot about.

Thus, when I found myself writing a report on our progress and goals for the project, sponsored by the National Institutes of Health (NIH), I recognized that I did not know the scientific reference to support a statement I had just written: "HIV is the probable cause of AIDS."

So I turned to the virologist at the next desk, a reliable and competent fellow, and asked him for the reference.

He said I didn't need one. I disagreed. While it's true that certain scientific discoveries or techniques are so well established that their sources are no longer referenced in the contemporary literature, that didn't seem to be the case with the HIV/AIDS connection.

It was totally remarkable to me that the individual who had discovered the cause of a deadly and as-yet-uncured disease would not be continually referenced in the scientific papers until that disease was cured and forgotten.

But as I would soon learn, the name of that individual-who would surely be Nobel material-was on the tip of no one's tongue.

Of course, this simple reference had to be out there somewhere.

There had to be a published paper, or perhaps several of them, which taken together indicated that HIV was the probable cause of AIDS. There just had to be.

I did computer searches, but came up with nothing.

To be certain about a scientific issue, it's best to ask other scientists directly.

I was going to a lot of meetings and conferences as part of my job. I got in the habit of approaching anyone who gave a talk about AIDS and asking him or her what reference I should quote for that increasingly problematic statement, "HIV is the probable cause of AIDS."

After 15 meetings over a couple years, I was getting pretty upset when no one could cite the reference.

I didn't like the ugly conclusion that was forming in my mind: The entire campaign against a disease increasingly regarded as a twentieth century Black Plague was based on a hypothesis whose origins no one could recall.

That defied both scientific and common sense.

Finally, I had an opportunity to question one of the giants in HIV and AIDS research, Dr Luc Montagnier, of the Pasteur Institute, when he gave a talk in San Diego.

It would be the last time I would be able to ask my little question without showing anger, and I figured Montagnier would know the answer. So I asked him.

Montagnier said: "**Why don't you quote the report from the Centers for Disease Control (CDC)?"**

I replied, **"It doesn't really address the issue of whether or not HIV is the probable cause of AIDS, does it?"**

"No", he admitted, no doubt wondering when I would just go away.

He looked for support to the little circle of people around him, but they were all awaiting a more definitive response, like I was.

"Why don't you quote the work on SIV (Simian Immunodeficiency Virus)?" the good doctor offered.

"I read that too, Dr Montagnier", I responded.

"What happened to those monkeys didn't remind me of AIDS. Besides, that paper was just published only a couple of months ago. I'm looking for the original paper where somebody showed that HIV caused AIDS."

This time, Dr. Montagnier's response was to walk quickly away to greet an acquaintance across the room.

Cut to the scene inside my car just a few years ago.

I was driving from Mendocino to San Diego. Like everyone else by now, I knew a lot more about AIDS than I

wanted to. But I still didn't know who had determined that it was caused by HIV. Getting sleepy as I came over the San Bernardino Mountains, **I switched on the radio and tuned in a guy who was talking about AIDS.**

His name was Peter Duesberg, and he was a prominent virologist at Berkeley. I'd heard of him, but had never read his papers or heard him speak.

But I listened, now wide awake, while he explained exactly why I was having so much trouble finding the references that linked HIV to AIDS. There weren't any.

No one had ever proved that HIV causes AIDS.

When I got home, I invited Duesberg down to San Diego to present his ideas to a meeting of the American Association for Chemistry.

Mostly skeptical at first, the audience stayed for the lecture, and then an hour of questions, and then stayed talking to each other until requested to clear the room.

Everyone left with more questions than they had brought.

We have also not been able to discover why doctors prescribe a toxic drug called AZT (Zidovudine) to people who have no other complaint than the presence of antibodies to HIV in their blood.

In fact, we cannot understand why humans would take that drug for any reason." - Kary B. Mullis, Nobel Prize in Chemistry, 1993, in "Inventing the Aids Virus", 1996.

"Possibly half of the published literature may simply be untrue." *- Richard Horton, Editor of the Lancet, 2015.*

"There is something rotten in the state of British Medicine and has been for a long time." *- Richard Smith, former Editor of the British Medical Journal, 2016.*

Influenza Vaccine
A Failed Vaccine

"No one knows if the booster doses of the Covid-19 Pfizer Vaccine have benefits, or efficacy, or effectiveness, or what harm they will cause.

But the European Medicines Agency (EMA), has facilitated the indecency of revaccinating at the same time with said vaccine, and the Influenza Vaccine (a failed vaccine).

By putting the Covid-19 Pfizer vaccine, and flu vaccine souvenir duo, the precautionary principle is abandoned, and acts without science or ethics, against patient safety and against social equity.

Furthermore; by introducing other Covid-19 Vaccines not mentioned by the European Medicines Agency (EMA), indecency borders on tragicomedy.

It is bizarre that in Spain, it is decided to include without further ado, without waiting for the opinion of the European Medicines Agency (EMA), the Moderna Covid-19 vaccine for the booster dose (third dose), when said vaccine has been abandoned in Iceland, due to adverse effects.

And its use has been restricted in the other Nordic countries such as Denmark, Finland, Norway and Sweden." - Dr Juan Gérvas, MD, Former Faculty Associate, Johns Hopkins University, School of Hygiene and Public Affairs, in "Facebook", 11 October 2021.

"The flu vaccine, is a useless, failed vaccine, when little." *- Dr Juan Gérvas, MD, Former Faculty Associate, Johns Hopkins University, School of Hygiene and Public Affairs, in* ***"Indecent Duo: Booster Covid-19 Vaccine, plus Flu Vaccine"****, Acta Sanitaria, 10 October 2021.*

How to Treat Yourself Coronavirus (COVID-19) at Home Just Like the Flu

"Most people with Coronavirus (COVID-19) feel better within a few weeks. You may be able to look after yourself at home while you recover.

- TREATING A HIGH TEMPERATURE

If you have a high temperature, it can help to:

1. Get lots of rest.
2. Drink plenty of fluids (water is best) to avoid dehydration – drink enough so your pee is light yellow and clear.

- TREATING A COUGH

1. If you have a cough, it's best to avoid lying on your back. Lie on your side or sit upright instead.
2. To help ease a cough, try having a teaspoon of honey. But do not give honey to babies under 12 months." - in "How to look after yourself at home if you have coronavirus (COVID-19)", NHS, United Kingdom, 14 October 2021.

Chapter 11

The Muddy Foundations, or a Sand Castle Called "Genetic Medicine"

"At the interior of our cells, driving them, providing the oxidative energy that sends us out for the improvement of each shining day, are the mitochondria, and in a strict sense they are not ours.

They turn out to be little separate creatures, the colonial posterity of migrant prokaryotes, probably primitive bacteria that swam into ancestral precursors of our eukaryotic cells and stayed there.

Ever since, they have maintained themselves and their ways, replicating in their own fashion, privately, with their own DNA and RNA quite different from ours.

They are as much symbionts as the rhizobial bacteria in the roots of beans. Without them, we would not move a muscle, drum a finger, think a thought." - Dr Lewis Thomas, MD in "The Lives of a Cell", 1974.

Medical Trade so-called "Gene Therapies" + "Viruses" Farce

"Adeno-Associated Virus (AAV) vectors are the leading platform for gene delivery for the ***treatment of a variety of human diseases.*** *Recent advances in developing clinically desirable AAV capsids, optimizing genome designs and harnessing revolutionary biotechnologies have contributed substantially to the growth of the gene therapy field. Preclinical and clinical successes in AAV-mediated gene replacement, gene silencing and gene editing have helped AAV gain popularity as the ideal therapeutic vector, with two AAV-based therapeutics gaining regulatory approval in Europe or the United States. Continued study of AAV biology and increased understanding of the associated therapeutic challenges and limitations will build the foundation for future clinical success."- in "Adeno-associated virus vector as a platform for gene therapy delivery", Nature Reviews Drug Discovery, 1 February 2019.*

Treatment of a variety of human diseases?
How many?
NONE

"Adeno-Associated Viruses (AAVs) are rapidly becoming a promising means of delivering gene therapies to defective tissues in the human body.

To this end, scalable and cost-effective AAV vector production is critical to meet commercial demand during the gene therapy production process.

The viral vector workflow requires a smooth scale-up to clinical production to develop breakthrough cell and gene therapy.

In this In Focus feature, which has been produced in association with Thermo Fisher Scientific (CA, USA), we

explore the various production systems that enable companies to streamline their transition from research to the clinical scale." - in "In Focus: AAV gene therapy", RegMedNet, 14 October 2021.

> ***"The Adeno-Associated Virus (AAV), was first identified*** *as a dependoparvovirus in the 1960s in the laboratories of Bob Atchison at Pittsburgh and Wallace Rowe* ***at National Institute of Health (NIH)."*** *- in "Wikipedia", 14 October 2021.*

National Institutes of Health (NIH)

"The National Institutes of Health (NIH) is the primary agency of the United States government responsible for biomedical and public health research." - in "Wikipedia", 2021.

National Institutes of Health (NIH) **Annual Budget**	
Year	**Amount**
USD $42 Billion	2020
USD $39 Billion	2019
USD $37 Billion	2018

- in "Wikipedia", 14 October 2021.

Covid: The Global Farce 2020

20 March 2020

"Humankind is now facing a Global Crisis.

The decisions people and governments take in the next few weeks will probably shape the world for years to come.

They will shape not just our Healthcare Systems but also our Economy, Politics and Culture.

The storm will pass, but we will inhabit a different world.

Immature and even Dangerous Technologies are pressed into service.

Entire countries serve as Guinea-Pigs in large-scale Social Experiments.

In order to stop the epidemic, entire Populations need to Comply with certain guidelines.

There are two main ways of achieving this.

One method is for the Government to Monitor People, and Punish those who break the rules.

By closely Monitoring people's Smartphones, making use of hundreds of millions of face-recognising cameras, and obliging people to check and report their body temperature and medical condition, track their movements and identify anyone they came into contact with.

Countries should be willing to share information openly and humbly seek advice, and should be able to trust the data and the insights they receive.

We also need a global effort to produce and distribute Medical Equipment, most notably Testing Kits and Respiratory Machines." - in "Yuval Noah Harari: The World After Coronavirus", Financial Times, 20 March 2020.

23 March 2020

First United Kingdom Lockdown

"The initial announcement was made by Boris Johnson, with agreement from the other three heads of government.

At 8:30 p.m. on **23 March 2020**, Boris Johnson announced a stay-at-home order effective immediately, though only legally effective from 1:00 p.m. on **26 March 2020, through The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020.**" - in Wikipedia

3 October 2020

"Question - You've talked about the Covid Crisis as a Watershed Moment in Terms of Surveillance, Data Surveillance and so on.

- I think maybe in a couple of decades when people look back, the thing they will remember from the Covid Crisis is this: Is The Moment when everything went Digital.

And if This Was The Moment When Everything Became Monitored, that We Agreed To Be Surveyed All The Time, not just in Authoritarian Machines but Even in Democracies.

And Most Importantly at all this was, The Moment when Surveillance started Going Under the Skin, because really we haven't seen anything yet.

I think the big process that's happening right now in the world is Hacking Human Beings.

The ability to Hack Humans, to understand deeply what's happening within you, what makes you, what makes you go, and for that the most important data is not what you read, and who you meet, and what you buy, it's what's happening inside your body.

So, we had these 2 big revolutions, the computer science revolution (or the infotech revolution), and the revolution in the biological sciences, and they are still separate, but they are about to merge, they are merging around the Biometric Sensor, it's the gadget, it's the technology that converts biological data, into digital data, that can be analysed by computers, and having the ability to Really Monitor People under the skin. This is the biggest game changer of all, because this is the key for getting to know people better than they know themselves.

I often give the example from my own personal life, that I realized I was Gay only when I was 21, and I keep thinking about the time when I was 15, 16 how could I have missed it.

Something so important about myself should have been obvious, but I didn't know, now today or in 5 or 10 years any Algorithm of Microsoft, Amazon, or the Government would be able to know such a thing, when I'm 12 or 13 just by monitoring what's happening in my body, what's happening to my eyes, when I see a Boy and a Girl walking on the beach, where do my eyes focus.

So this is the Crucial Revolution, and Covid is Critical Because This Is What Convinces People To Accept To Legitimize Total Biometric Surveillance.

If we want to stop this Epidemic, we need not just to Monitor People, we need to Monitor What's Happening Under the Skin, their body temperature, like we walked in here we had to go through a body temperature test even in Israel has become a national security.

So again, I'm not against Surveillance, it's an Important Tool, especially to fight Epidemics.

The question is again, who is doing it, and how if you give it to the Security Service to do it, that's extremely dangerous. Yes, Now They're Using it to See Whether You Have The Coronavirus, but exactly the same technology can determine what you Think about the Government, you know anger is a biological phenomena, just like disease, it's not some spiritual thing out there, it's a biological pattern in your body.

With This Kind of Surveillance, I mean, you watch the big president, a big leader gives a speech on television, the television could be monitoring you, and knowing whether you're angry, or not just by analysing the clues, the biological clues coming from your body.

So, now people are now watching us online, all over the world this conversation, now maybe, even right now, the people who are watching us are being watched, and analysed, and you know, the thing is it's not just you're now watching this, the thing is we know that you are watching this, and we also know how you feel, are you angry about what you hear, are you frightened, are you bald. This is the kind of power that Stalin didn't have.

When Stalin gave a speech, everybody clapped their hand and smiled.

Now, how do you know what they really think about Stalin?

It's very difficult, you can't have a KGB Agent following everybody, all the time. Even if, you do it, he's just watching your outside behaviour.

He doesn't really know what's happening in your mind.

But in 10 years, the future Stalin's of the 21st century, they could be watching the minds, the brains of all the population all the time. And also they will have the Computing Power to analyse all that you know.

It's not just having an Agent following everybody, all the time.

The Agent in Stalin days, writes a paper report, and you have these millions of paper reports, piling up in Moscow. Somebody needs to read them, to analyse them, that's impossible.

Now you don't need human agents, you don't need human analysers, you just have a lot of Sensors, and an Artificial Intelligence, which analyses it, and that's it.

You have the worst totalitarian regime in history, and Covid Is Important Because Covid Legitimises some of the Crucial Steps even in Democratic Countries." - Yuval Noah Harari, in "Athens Democracy Forum", 3 October 2020.

The Final Words

"Antibody tests might be fatally flawed, but they can be used in highly destructive ways. If the number of people who are antibody positive remains below the level of 'herd immunity' (90% or so) it will be an excuse to promote, or even mandate vaccination, after a vaccine is rushed onto the market. Antibody tests could also be used to indefinitely quarantine people, who do not test positive, asserting that they are at danger of becoming infected, and then spreading it to others." *- David Crowe, in "Antibody Testing for COVID-19 ", 13 May 2020.*

"Id never be a virologist. You're working with stuff you can't see, and drawing conclusions you can't prove. Key virologists are working for a great many other interests, and discovering a power they never had before. When we look back on this period, we'll describe it as a collective blackout. We'll get over it, but I'm amazed at how the mind controllers have instilled such fear that people can't think rationally." *- Professor Dr. Jan Grandjean, MD, Heart Surgeon, in "Hier is sprake van Mind Control!" zegt Hartchirurg, Prof. Dr. Jan Grandjean", blckbx.tv, 7 July 2021.*

"Today virology is in danger of losing its soul, ***since viruses now show a strong tendency to become sequences....*** *Moreover, and it is the direct result of an abundance of discoveries,* ***the very concept of virus wavers on its foundations.***
Our problem today and in future is to keep a breast of its whereabouts." *- André Michel Lwoff, Microbiologist, Nobel Prize in Medicine (1965).*

"The contents, the very chapter headings even, "A History of Experimental Virology" (1991), demonstrate the way in which such progress in the latter half of the century is in danger of obscuring the delimitations between a growing number of ramifications, and of straying into other emerging new disciplines, notably:

- Immunology,
- Development of Vaccines, and above all;
- Molecular biology, and
- Genetics."

- Lise Wilkinson, Royal Postgraduate Medical School, London, in "Medical History", Volume 37, Cambridge University Press, January 1993.

"The balance of political forces can change, the role of the oppressor can be reversed:

David can assume new strength, Goliath can be attacked on all sides.

And the hunter (the people are coming after us), I think will soon, they'll soon become the hunted." *- James O'Keefe, in "O'Keefe Announces Videos inside Johnson & Johnson", Project Veritas, 27 September 2021.*

There Was No Pandemic

"No evidence of viral pathogenicity before the behavioural changes to society.
Re-attribution of deaths to Covid-19 from other causes.
Deaths that did occur caused by the medical and public health response and were not due to a novel virus.
Every single policy not only failed to mitigate death from the 'virus' but evidently made the situation worse.
The Covid event was created primarily by fraudulent PCR testing, changes to death coding and iatrogenesis.
There was no pandemic." *- Prof Martin Neil, Professor of Computer Science and Statistics, School of Electronic Engineering and Computer Science, Queen Mary University of London, in "The Scottish People's Covid 19 Inquiry", May 2025.*

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Sir Simon Stevens
Chief Executive Officer
NHS England

2 July 2021

Dear Mr Stevens

Re: My Client: Dr Sam White

I am instructed by Dr Sam White, a GP.

Dr Sam White has had his licence to practise within the NHS suspended by letter from the NHS dated 26 June 2021.

Please treat this letter as a public interest disclosure or whistle blow in that it raises allegations of alleged criminal conduct and breach of legal obligations by those leading the covid response.

The reasons given for my client's suspension have been inconsistent. My client has been told one thing verbally and another in writing.

What my client has been told in writing is he has been suspended on the basis of his social media output.

My client's social media output does not differ in any material extent to other clinicians also with an online presence who have not been suspended.

My client raised concerns during his NHS five year revalidation appraisal process with the NHS in November 2020.

All of these concerns were raised during the revalidation appraisal process and overlap with what is in my client's social media content.

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The NHS took no action on either the substance of the concerns raised in my client's appraisal nor did the NHS take any action against my client for raising those concerns during his appraisal. My client's appraisal was signed off by the NHS Responsible Person. The same Responsible Person who later suspended my client.

It would appear that the reason the NHS took the action they did of suspending my client from practice in the NHS was the fact that the contents of Dr White's video went viral clocking up over a million views in June 2021.

The NHS appears to have taken umbrage at my client letting the cat out of the bag. The NHS appear to have acted in the way they did because my client pointed out that there are a number of elephants in the room. My client is entitled to point out alleged wrongdoing and is also entitled not to be victimised for so doing.

My client's social media output sets out two main propositions which are further developed here:

1. The vaccine programme has been rolled out in breach of the legal requirements for clinicians to obtain the free and informed consent of those being vaccinated.
2. That the requirement to wear face coverings in an NHS setting is in breach of common law obligations not to cause harm and breaches statutory obligations in relation to provision of PPE.

My client has instructed me to write to you setting out the complaint that he has been victimised and harassed for telling the truth by the organisation you head.

Clinicians should feel able to voice genuine concerns relating to alleged malpractice without fear for their ability to practice within the NHS being suspended.

The truth that Dr White is telling may be uncomfortable for you to hear. But hear it you must.

I am instructed to copy this letter to the relevant regulators as well as law enforcement.

I am also instructed by my client to publish this letter on social media as the public has the right to know what is happening and how truth is being suppressed.

The allegations are that the following groups of people have committed unlawful and potentially criminal acts in breach of their common law obligations to act in the best interests of the public as well as in breach of their common law obligation of doing no harm to the public.

The Nolan Principles of Standards in Public Life are alleged to have been breached.

The groups of people who my client alleges have breached common law obligations are:

1. HM Government.
2. The Executive Board of the NHS.
3. SAGE.
4. Senior public office holders within the civil service.
5. The Executive Board of the MHRA.

In relation to the MHRA they have failed to ensure that the vaccine advertising programme meets their common law obligations as well as their statutory obligations.

The MHRA in granting emergency use authorisation for the vaccines has failed in their obligation to consider whether there are safe and effective medicines available as an alternative to vaccination.

The MHRA is failing in its obligations in failing either to instruct a bio-distribution study is conducted on those who have been vaccinated or in failing to publish the findings of such a bio-distribution study. A bio-distribution study is a study of what happens to the vaccine after it is injected into the body.

I am instructed to set out the factual allegations in a comprehensible way, free of jargon, so the general public can follow what is being said.

To assist my client has provided source material to back up every single one of his principal facts and that source material will be referenced via footnotes or endnotes.

The Vaccination Roll Out:

Clinicians practising within the NHS are obliged to do two things when administering a vaccine:

1. To do no harm.
2. To obtain the free and informed consent of those being vaccinated.

The law on free and informed consent is set out in the case of Montgomery.

Montgomery's case which went to the Supreme Court laid down the principles for what amounts to free and informed consent.

1. That the patient is given **sufficient information – to allow individuals to make choices that will affect their health and well being on proper information.**[1]
2. Sufficient information means informing the patient of the **availability of other treatments**.[2]
3. That the patient is informed **of the material risks** of taking the vaccine and the **material risks** of declining the vaccine.

The Montgomery principles are in line with Article 6 of the Unesco Declaration of Bio-Ethics and Human Rights, the right to decline any medical treatment without being penalised is enshrined in International Law.[3]

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[1] Per Lord Justice Simon in Webster v Burton Hospitals NHS Foundation Trust [2017] EWCA Civ 62

[2] Montgomery v Lanarkshire Health Board [2015] UKSC 11

[3] http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

Breach of these principles on free and informed consent is professional gross misconduct at an individual level.

At an organisational level if the NHS does not have clear evidence that every person being vaccinated has given free and informed consent it will render those holding executive office within the NHS as legally liable for those institutional failings.

The Government has set the vaccination strategy. The NHS has led the roll out. The strategy and roll out has included the provision of information to the public.

Much of the information has been inadequate or misleading.

1. **Montgomery Guideline 1: Sufficiency of Information**:

The provision of information has been inadequate. The principal source of information to the public has been the following:

1. The Daily Press Conferences.
2. The NHS badged advertisements.
3. The Patient Information Leaflet.

The information presented has not informed the public of the following material risks:

1. The material risk of being infected with the coronavirus.
2. The material risk if infected of being hospitalised by the coronavirus.
3. The material risk if infected of not being hospitalised by the coronavirus.
4. The material risk of dying from the coronavirus infection.
5. The material chance of recovering from the coronavirus infection.
6. The material chance of having an asymptomatic infection.
7. The numbers of people with existing antibody immunity or memorised T cell response.

Before we come to what information has been presented to the public it should be noted that those presenting the information have not publicly declared at the press conferences their financial links to the vaccine industry. Public Office Holders should

act with integrity and transparency when presenting information to the public, particularly information relating to public health.

Those financial links include direct investment in the vaccine industry as well as financial assistance with grants from charitable foundations set up by those with investments in the vaccine industry.[4]

It should be noted that Moderna's share price has risen from $10 to over $200 [5] in the space of eighteen months. Bill Gates and his charitable foundation are significant investors in Moderna[6], one of the companies supplying a vaccine. It should also be noted that Bill Gates has a known association with Geoffrey Epstein.[7]

Many of those presenting the information to the public are associated with or employed directly or indirectly by organisations who have been financially funded by the Gates Foundation.

The MHRA, the UK regulatory body approving the vaccines, has itself been funded by the Gates Foundation.[8]

Finally the former secretary of state did not declare to the public that he had a girlfriend and he did not declare that that girlfriend had financial links through her business with PPE and other contracts[9] over which Matt Hancock had responsibility.

When presenting information on a public health matter the Nolan Principles require transparency.

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[4] https://www.conservativewoman.co.uk/sages-covert-coup

[5] https://tinyurl.com/c89nke49

[6] https://www.modernatx.com/ecosystem/strategic-collaborators/foundations-advancing-mRNA-science-and-research

[7] https://www.nytimes.com/2019/10/12/business/jeffrey-epstein-bill-gates.html

[8] https://www.gov.uk/government/news/mhra-awarded-over-980000-for-collaboration-with-the-bill-and-melinda-gates-foundation-and-the-world-health-organisation

[9] https://www.prweek.com/article/1700784/hancock-faces-questions-luther-pendragon-shareholder-hired-advisory-role

The Nolan Principles requires those presenting the information to declare any interests publicly so that those receiving the information can determine whether the information has been presented in an objective way or in a way that lacks balance and may favour any undeclared interests.

How many people know for example that our Chief Medical Officer has been or is involved in Vaccine organisations which have been substantially funded by the Gates Foundation as well as other vaccine businesses?[10]

How many people know that our Chief Scientific Officer has substantial investments in Astra Zeneca?

Dominic Cummings talked about Mr Gates' influence in government during his session in select committee.

If a Public Office Holder is presenting information about public health to the public, those people should be upfront and transparent about their interests and who has funded those interests as they might have a bias towards vaccination when other more optimal routes may be available. Vaccination should not be presented as the only route out of the declared pandemic when there are other routes that can be run in tandem. The Officials should level with the public.

It seems from day one the Public have been informed via press conferences that there was only one medical route out of the pandemic and that was via vaccination. That route is not the only available route. Quicker, cheaper and less risky routes are also available as an alternative to those who have no need or desire to be vaccinated and these routes have been known about for many months.

Taking each risk in turn:

The material risk of being infected:

[10] https://www.gavi.org/investing-gavi/funding/donor-profiles

1. The Government and the NHS has supplied information to the public information on the number of infections.
2. That information does not differentiate between:
    a. Those individuals testing positive without a Doctor or nurse diagnosing that individual and confirming that they are infected and or are ill with covid.
    b. Those individuals testing positive where a Doctor or nurse has diagnosed infection in that individual and has diagnosed that they are ill with covid.
3. The principal diagnosis tools have been:
    a. The lateral flow test.
    b. The PCR test.
4. Primary Care in the form of General Practice Doctors have by and large been kept out of the diagnostic loop.
5. The NHS's internal leaflet says that a positive test should not be relied on alone but a clinician, a Doctor or nurse, should confirm the fact of infection by clinical diagnosis.
6. The tests have been subject to major criticism for being unreliable and producing false positives. [11] The writer of this letter has a letter from his MP stating that the tests used can test for any Winter virus. It is probable therefore that the data presented by the government as infections with coronavirus also includes individuals who have tested positive but the test has failed to distinguish what sort of virus is present and whether that virus is old or recent.
7. Dr Fauci admitted that PCR tests do not test for infectiousness.[12]
8. Reports of schoolchildren testing positive using lemon juice show how unreliable these tests are. [13]
9. The inventor of the PCR test has also stated that the PCR test should not be used as a diagnosis tool.

[11] https://cormandrostenreview.com/report/
[12] https://www.youtube.com/watch?v=a_Vy6fgaBPE
[13] https://inews.co.uk/news/technology/tiktok-fake-covid-positive-test-schools-1079693

10. The Portuguese Court of Appeal said it is contrary to international law for a positive test result alone to be used without a Doctor or nurse also seeing the person with that test result and diagnosing an infection.[14]
11. The public do not know how many people have been classed as an infection on test alone or on test and clinical diagnosis. That is a major failing in gathering data and presenting data.
12. The cycle threshold at which the PCR test has been set is too high to give reliable data on infection.
13. The WHO suggested re-setting the cycle rate on the PCR test in January 2021 it is unknown whether the NHS has adopted that advice.[15]
14. The press conferences have heightened the public's sense of the material risk as the information presented has in my client's view exaggerated the numbers in a material way.
15. There has been no publicity at all at the press conferences that covid is not a High Consequence Infectious Disease.[16]

The material risk of being hospitalised with covid:

1. The numbers of hospitalisations of people with covid has been presented to the public at the press conference and then disseminated via news broadcasts.
2. That information has not differentiated between:
    a. Those presenting in hospital with covid illness.
    b. Those presenting in hospital with another condition who have subsequently been tested positive for coronavirus.
    c. Whether those hospitalised with coronavirus have caught the infection in hospital.
3. The information presented to the public has also not set out the numbers of people who have recovered from covid.
4. In assessing material risk the public need to have adequate information.

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[14] https://translate.google.com/translate?hl=&sl=pt&tl=en&u=http%3A%2F%2Fwww.dgsi.pt%2Fjtrl.nsf%2F33182fc732316039802565fa00497eec%2F79d6ba338dcbe5e28025861f003e7b30

[15] https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05

[16] https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid

5. **The allegation is that the information has been presented in such a way to make the public think that the material risks are greater than they are**. This has either been intentional or grossly negligent.
6. Presenting information in a distorted way affects the public's ability to weigh up the material risk that coronavirus presents.
7. The public are unable to give proper informed consent to vaccination if the material risks have been exaggerated or distorted.

The material risks of dying from covid:

1. The information presented to the public does not differentiate between:
    a. Those dying from covid.
    b. Those dying from another condition but who have tested positive within 28 days of death.
    c. Those dying from another condition but who have tested positive after death.
    d. The death certificates are allowed to be signed by Doctors who may not have seen the individual who has died before death.
    e. Anyone who has died within 28 days of a positive test is recorded as a covid death.
2. The public is unable to determine what their material risk is of dying from covid as the numbers of deaths from covid have been exaggerated and are unreliable. The CDC in the USA has recently presented its information in a different way to enable any individual to find out how many people have died from covid alone without having any other medical condition or co-morbidity.[17]
3. A Portuguese Court has recently found that the numbers of people said to have died from covid has been exaggerated.[18]

[17] https://www.the-scientist.com/news-opinion/no-the-cdc-has-not-quietly-updated-covid-19-death-estimates-67902
[18] https://www.expatica.com/pt/news/lisbon-court-rules-only-0-9-of-verified-cases-actually-died-of-covid-100196/

4. The data about risk of dying has also been confused by the fact that Do Not Resuscitate Notices have been used unilaterally without consent and the widespread use of Midazolam during the pandemic in care home settings.[19] [20]
5. The information that has been presented shows that the distribution of risk is uneven.
6. Those under 75 who are healthy are unlikely to die from covid.
7. The risk is asymmetrical.
8. The vaccination roll out has been symmetrical.
9. The government's communication on vaccination has been inconsistent.
10. The Prime Minister of the country in January 2021 described the vaccination roll out as an immunisation programme. That communication gave the public the impression that vaccines would provide immunity.
11. The vaccine trials have been set up have as their trial design and trial protocol to reduce symptoms[21]. The Prime Minister was at best sloppy with his language as the vaccine trial protocols was to test for efficacy of symptom reduction.
12. It should also be noted that the vaccine protocols also refer to the use of PCR tests in the clinical trials, despite those tests' known unreliability.[22]
13. None of the vaccines provide immunity. None of the vaccines stop transmission.
14. Initially the government said that only those identified as vulnerable should be vaccinated. That then changed. Mr Gates met with the PM before the change in policy, this meeting with Mr Gates was to discuss a global vaccine strategy.[23]
15. Initially the government said that children would not be vaccinated. That then changed.
16. Initially government said restrictions would be released when 15 million people had been vaccinated, that then changed.
17. Initially government said it had no plans for vaccination passports, that then changed.

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[19] https://www.dailymail.co.uk/news/article-9374291/Scandal-500-care-home-patients-given-DNR-orders-without-consent.html

[20] https://www.dailymail.co.uk/news/article-8514081/Number-prescriptions-drug-midazolam-doubled-height-pandemic.html

[21] https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf

[22] https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf

[23] https://www.gov.uk/government/news/pm-hails-herculean-effort-of-life-science-companies-to-defeat-coronavirus

18. Providing inconsistent and changing information does not enable the public to have adequate information to give informed consent.

The Patient Information Leaflet:

The NHS has provided the Patient Information Leaflet to some patients who are being vaccinated.

That Patient Information Leaflet does not present the material risks and the material benefits of the vaccination in an adequate way:

1. The Patient Information Leaflet does not make clear that the vaccines are still in clinical trial.
2. The Patient Information Leaflet does not make any reference to alternatives to vaccination.
3. The Patient Information Leaflet does not make clear that the mRNA vaccines are experimental in that these vaccines have never been used before and there is no data on medium term to long term safety. mRNA vaccines are described by the FDA as gene therapy.[24]
4. The Patient Information Leaflet does not make clear that the clinical trials being run to show the safety and efficacy of the vaccine did not include particular cohorts of people including pregnant women and the very elderly. There is therefore no evidence available to show that they are safe and efficacious for those cohorts.
5. The Patient Information Leaflet does not make clear that the clinical trials are only using people who have not been infected with covid. There is therefore no data on safety and efficacy for vaccination of those who have been infected. Many people who have been infected with coronavirus are also being vaccinated.
6. The Patient Information Leaflet does not set out the difference between the absolute risk and the relative risk from coronavirus infection.

[24] https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mRNA-20200630.htm

7. By being vaccinated each individual is reducing their absolute risk of being infected and dying from covid by 1%. [25]

Advertising of the vaccine:

The NHS allowed its logo on a series of adverts using celebrities to promote vaccination.

It is also alleged that a number of celebrities have been paid to promote the vaccine via their social media.

1. None of the vaccines have received marketing authorisation from the MHRA[26]. So there is a question mark as to whether an emergency use authorised vaccination should be advertised at all as there is very limited number of vaccines to choose from.

2. Advertising of licensed medicines is strictly regulated. The Human Medicines Regulations 2012[27] make it a criminal offence for licensed medicines to be advertised by celebrities and any advert should notify the viewer what the active ingredient is in the vaccine if there is only one active ingredient. These adverts breach the law in my client's view.

3. The NHS has taken no steps to distance itself from HM Government's attempt to fetter every UK citizen's right to decline any medical intervention.

4. The advertising campaign has placed pressure on people to have a vaccination. In the advertisement it is suggested that vaccination protects other members of a family including the elderly. However free and informed consent

[25] https://pubmed.ncbi.nlm.nih.gov/33652582/

[26] https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/conditions-of-authorisation-for-pfizerbiontech-covid-19-vaccine

[27] https://www.legislation.gov.uk/uksi/2012/1916/part/11/crossheading/enforcement/made

means that no one should be under any pressure from any family member to have a vaccination or indeed any medical treatment. The NHS website even states that in its section on informed consent.[28]

5. The vaccination adverts give the impression that the vaccines have been licensed rather than the true position which is that they have been emergency use authorised which is a lower regulatory threshold than licensing.

6. The advertisements infer that the vaccines are safe. Safety is about risks. The adverts make no reference to the risk, however small, of serious adverse events.

Information on Vaccine Passports:

7. HM Government has linked vaccination with the ability to travel using a vaccination passport. [29]

8. Many UK citizens know at least one person whose only reason for being vaccinated is to go on holiday.

9. HM Government has been coercive in linking release of restrictions to vaccination.

10. A publicly funded National Health Service is breaching its obligations to its patients in not distancing itself and calling out such unlawful government coercion. NHS clinicians should be not be used as conduits for government policy. That politicises health.

11. The NHS should make it clear that it does not endorse coercion or any fettering of an individual's right to consent or decline any medical intervention.

[28] https://www.nhs.uk/conditions/consent-to-treatment/
[29] https://www.dailymail.co.uk/news/article-9744557/Double-jabbed-Brits-able-travel-quarantine-free-July-26.html

2. Montgomery Guideline 2: Availability of other treatments:

1. The NHS has published no information in its Patient Information Leaflet on the efficacy of other available treatments available to combat coronavirus infection or the disease of covid.
2. The body has an incredible way of treating itself if it is infected.
3. It's called the immune system.
4. The NHS should not be proposing a medical intervention when most people have a readily available treatment system to combat the infection and disease namely their immune system.

5. The immune system for most people will fight off the infection by the production of antibodies.

6. Further that immune response will be memorised by the T cells and B cells and will provide long lasting protection.

7. It is proven from SARS Coronavirus 1 in 2002 that T cells and B cells memorise the antibody response for many years.[3031]

8. There has been very little information to the public on the efficacy of the immune system to fight off any covid infection. The immune system is the first line of defence yet has been ignored by our NHS and by the government and SAGE.

9. It is accepted that the thymus gland which produces T cells and B cells gets less efficient over the age of 70 or if a person is immune compromised.

10. Taking vitamin D will enhance the immune system. These have only been provided as supplements.

11. At no time during any of the press conferences has the government and its advisers stressed the importance of the immune system and how to take care of

[30] https://www.nature.com/articles/s41467-021-23333-3
[31] https://www.nature.com/articles/s41467-021-24377-1

it as a first line of defence against coronavirus. It's only ever been about the vaccine. The failure to provide adequate information of the role of the immune system is an egregious breach of Montgomery.

12. Immunity gained via infection is better than any immunity enhancement from vaccination.[32]

13. Professor Whitty, to be fair, did say that for most people covid will be a mild illness. He therefore implied, without expressly stating it, that most people's immune system will fight off the illness arising from a coronavirus infection.

14. There is now ample data that there are a number of therapeutics that will work to prevent infection, and prevent hospitalisation and death.

15. Those therapeutics are:

    1. Ivermectin. There are numerous studies showing the efficacy of Ivermectin, it is also proven safe.[33] [34]Courts have ordered the use of Ivermectin in some jurisdictions.[35]
    2. HCQ and Zinc.[36]
    3. Budoneside or anti-inflammatory respiratory inhalers[37].[38]

16. The evidence has been available for some time that all these work to prevent infection, to prevent, hospitalisation and to prevent death.

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[32] https://www.medrxiv.org/content/10.1101/2021.04.20.21255670v1.full.pdf

[33] https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin_for_Prevention_and_Treatment_of.98040.aspx

[34] Published Ahead-of-Print : American Journal of Therapeutics (lww.com)

[35] https://www.webmd.com/lung/news/20210506/covid-patient-in-coma-gets-ivermectin-after-court-order

[36] https://vladimirzelenkomd.com/zelenko-prophylaxis-protocol/

[37] https://www.bmj.com/content/373/bmj.n957

[38] https://www.ox.ac.uk/news/2021-04-12-asthma-drug-budesonide-shortens-recovery-time-non-hospitalised-patients-covid-19

17. There is limited or no information in the Patient Information Leaflet on available treatments other than vaccination.

18. Why haven't these medicines been made available? These medicines have been successful in a number of other countries and have prevented death and hospitalisation.

19. Why hasn't the MHRA investigated these other available and cheaper alternatives before granting emergency use authorisation to vaccines with no proven long term safety record?

20. My client cannot understand why the NHS does not make available safe and effective medicines. This is grossly negligent.

21. These safe and effective medicines and the immune system are the elephant in the room. The NHS does not want to look at them. The regulator does not want to look at them. SAGE does not want to look at them. The government does not want to look at them. Who's pulling the strings?

22. The question is why isn't the public being given a choice? Do commercial considerations and political agendas take precedence over public health? If so that's an extremely serious matter.

23. The NHS and the government appear to be very quick to vaccinate the population but very slow to consider and make available cheaper, safer and effective alternatives, to give the people an option. Why is that?

3.**Montgomery Guidelines: Risks of Vaccination**:

1. At none of the press conferences have the risks of vaccination been presented.
2. The advertising campaigns infer that the vaccines are safe.

3. The mRNA method of vaccination is considered a gene therapy product according to the US FDA.[39]
4. Serious adverse event data is being collected by the MHRA. But is not being disseminated to news outlets or via the press conferences[40]
5. That serious adverse event data is not being presented by Government or the NHS in its Patient Information Leaflet.
6. Data from deaths falling within 28 days of vaccination is not being collected, let alone communicated.
7. The Salk Institute has found that the spike protein, a constituent component in the vaccine or the vaccine's mode of action, is a toxin.[41]
8. The Japanese medicine regulator has found that those who have been vaccinated have a concentration of spike proteins in every organ of their body, in particular the ovaries[42]. This study is a called a bio-distribution study.
9. The NHS does not appear to have done any bio-distribution study of those who have been vaccinated.
10. The MHRA has not required a bio-distribution study to be conducted to check the safety of vaccination and if there has been a bio-distribution study conducted it has not been communicated to the public.
11. A number of regulators around the world have required health authorities to stop using the vaccine on health grounds.
12. The last UK emergency vaccine after swine flu was also suspended on safety grounds after 50 deaths.
13. The material risks from vaccination known to date are:
    a. Death in extreme cases. Over 1300 deaths reported on the yellow card system.[43]
    b. Bells Palsy.
    c. Thrombo-embolic events with low platelets.
    d. Capillary Leak Syndrome.

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[39] https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mRNA-20200630.htm

[40] https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

[41] https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/

[42] https://regenerativemc.com/biodistribution-of-pfizer-covid-19-vaccine/

[43] https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

e. Menstrual disorder and extreme bleeding.
f. Myocarditis and Pericarditis.
g. Antibody dependant enhancement.

14. The public is not able to give informed consent to vaccination as the data on the material risks on vaccination is being inadequately collated and the data that is collected is then not communicated to the public at any Press Conference.
15. The public is being informed that the vaccination is a public health benefit, the risks of vaccination are not being communicated in as systematic way as coronavirus infections and deaths are communicated.
16. It is up to individuals to decide whether they want to take material risks, however low the likelihood of the risk materialising, yet no or inadequate information is being presented on those risks.
17. Adults may shortly be asked to give consent to vaccination for their children when the risks of coronavirus to children is exceptionally low. This is one of the reasons my client did not want any involvement in the vaccination programme.
18. Every clinician vaccinating any individual must tell the individual of **the risk of a serious adverse event**, however small that risk is. This requirement does not appear to be built into the vaccine roll out in any systematic way.

My client is raising these concerns in this letter and these concerns are consistent with his obligation as a professional to act in accordance with the law and with professional ethics. The public who paid his wages up until recently deserve nothing less.

The second issue is the requirement for the public to wear masks in the NHS setting.

1. The requirement to wear a mask in an NHS setting is unlawful for the following reasons:
    a. The requirement is for the public and clinicians to wear masks on NHS facilities.
    b. The mask is not defined.
    c. If the mask is a piece of PPE, the 1992 PPE Regulations are engaged.[44]

[44] https://www.legislation.gov.uk/uksi/1992/2966/contents/made

d. The employer is obliged under regulation 6 to evaluate both the risks and the suitability of the PPE.[45]
e. Any evaluation of the risks would have to pose three questions:
    i. What are the risks of asymptomatic infection?
    ii. What are the risks of symptomatic infection?
    iii. How are those risks best mitigated?
f. To answer the first question the risk of asymptomatic infection is low.[46] Dr Fauci said that asymptomatic infection has never been the driver of any respiratory virus.
g. The risks of symptomatic transmission are higher.
h. What is the best way to mitigate the risks?
i. To provide category 3 PPE masks is the answer as they show efficacy in reducing transmission. These have not been provided or indeed mandated by the Health Secretary.

j. PPE Regulations require all masks to meet EC standards and to be category three in the case of the risk posed by biological agents.[47]
k. The masks provided to NHS clinicians are not category three. It is against the law to provide unsuitable PPE. It is also mandatory to follow the PPE regulations. [48]
l. The NHS has issued guidance that any person on NHS facilities must wear a mask. There is however no requirement for the public to wear a category three mask.
m. The requirement for the public to wear any mask in any NHS facility does not provide any benefit to the public.[49] [50]

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[45] https://www.lawgazette.co.uk/law/suitability-of-personal-protective-equipment/58160.article
[46] https://www.bmj.com/content/371/bmj.m4851.full
[47] https://www.legislation.gov.uk/eur/2016/425/annex/I/division/3
[48] https://www.legislation.gov.uk/eur/2016/425/annex/II/division/n1
[49] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub5/full
[50] https://www.acpjournals.org/doi/10.7326/m20-6817

n. The requirement for the public to wear a mask in any NHS facility poses a material risk. The risks of mask wearing is of bacterial infection plus a risk of hypoxia for prolonged use. [51]
o. There is also the risk posed by CO2 and a RCT reported in JEMA found 6 times the safe level of CO2 in children wearing masks. [52]
p. Anything other than a Category 3 mask is inadequate as PPE for the risk of infection posed by a biological agent.
q. The NHS has a policy that any patient or relative must wear a mask as must any clinician.
r. However there is no requirement that the masks have to be PPE. The masks therefore pose more risk than benefit.
s. The masks that are being worn by the public are unregulated.
t. Some of the masks have been manufactured in China and contain toxins.[53]
u. The NHS has failed the public in its guidance as unregulated masks pose more risks than benefits.
v. The NHS has failed its staff by requiring all staff to wear masks which pose more risks than benefits.

The issues raised by my client and other clinicians who have not been suspended raise issues about the integrity of those leading the Covid response. They raise issues about whether the information that has been provided to the public has been collected and presented fairly. They raise issues of breaches of the law and accepted standards in public life. They raise issues of whether private individuals with charitable foundations have too much influence on policy direction and whether the financial support offered by those individuals and foundations is healthy in a transparent democracy.

How can the National **Health** Service be endorsing the government policy of vaccine passports when that policy:

[51] https://www.sciencedirect.com/science/article/pii/S2214031X18300809
[52] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2781743
[53] https://www.politico.eu/article/free-masks-distributed-by-belgian-government-contain-toxic-articles/

1. Makes those who wish to rely on their own immune system second class citizens.
2. That policy gives privileges to citizens who take a medical intervention, vaccination.

By endorsing the vaccine passport policy the National Health Service is not only endorsing a breach of international law which makes sacrosanct an individual's right to decline any medical intervention without any repercussion but also breaches the UK law on informed consent. Since when did the National Health Service morph into the National Pharmaceutical Distribution Service?

The writer of this letter has a backlog of whistle blowers to advise with examples of pressure being placed on employees within care and NHS settings during the covid pandemic, including exaggeration of covid bed occupancy and hospitalisation, such pressure is unethical and contrary to the standards the public expect in public health settings.

Please feel free to contact me directly for any further clarification, in the meantime we have copied in the relevant regulators who no doubt will conduct a full and independent and robust enquiry into the issues raised in this letter.

I look forward to hearing from you with a full response to the points raised.

Yours sincerely

Philip Hyland
Principal
PJH Law
Solicitors

Cc Cressida Dick, Metropolitan Police

Cc Charlie Massey Chief Executive GMC

Cc Kathryn Stone OBE, Commissioner for Parliamentary Standards

Cc Lindsay Hoyle, Speaker of The House of Commons

SAGE COVID-19 Register of Participants' Interests - GOV.UK

https://assets.publishing.service.gov.uk

SAGE participants are required to declare any personal or business interests relevant to the SAGE meetings they attend. This register provides details of these interests.

This register and the list of participants is regularly reviewed and updated.

Sir Patrick Vallance FRS FMedSci FRCP

- Government Chief Scientific Adviser
- Office for Strategic Co-ordination of Health Research (OSCHR) Board (until 2017)
- Fellow, Academy of Medical Sciences
- Fellow, Royal Society
- Fellow, Royal College of Physicians of London
- Honorary Fellow, University College London
- Honorary Member, British Pharmacological Society
- Honorary Member, The Physiological Society
- GSK shareholdings until March 2021 (mandatory holding period)

Professor Chris Whitty CB FMedSci

- Chief Medical Officer
- Honorary Professor, London School of Hygiene and Tropical Medicine (LSHTM)
- Consultant Physician, University College London Hospital (UCLH)
- Honorary member, National Fever Service
- Professor of Physic, Gresham College
- Non-executive position, Malawi/Liverpool Wellcome Unit, Scientific Advisory Board
- Non-executive Trustee, Sightsavers

Professor Jonathan Van Tam MBE

- Deputy Chief Medical Officer
- Former UK Medical Director, Sanofi-Pasteur MSD Ltd. (2002-2004)
- Former UK Head of Medical Affairs, Roche Products Ltd. (2001-2002)
- Former Associate Director, SmithKline Beecham Plc. (2000-2001)
- F. Hoffman-La Roche – Research grant on influenza (awarded 2010)
- Chatham House and European Scientific Working Group on Influenza – Invited speaker (January 2019)
- Individual consultancy/advisory engagements related to influenza - GSK, Baxter, and Roche (2007 – 2010)
- ACM Biolabs Pte, Prep Biopharm, BUPA, Shionogi – Individual consultancy/advisory engagements related to influenza (2016 – 2017)

Professor Dame Angela McLean FRS

- Chief Scientific Advisor, Ministry of Defence
- Professor of Mathematical Biology and Senior Research Fellow, University of Oxford
- Fellow, All Souls College, Oxford
- Member, Creative Destructive Laboratory's Vision Council

- Fellow, Royal Society
- Member, Academia Europaea
- Governor, The Dragon School, Oxford
- Member, Advisory Council for the Bennett Institute for Public Policy, University of Cambridge

Professor Robin Grimes FRS FREng

- Nuclear Chief Scientific Adviser, Ministry of Defence
- Professor, Imperial College

Professor John Aston

- Chief Scientific Adviser, Home Office

Professor Andrew Curran

- Chief Scientific Adviser and Director of Research, Health and Safety Executive
- Honorary Professor, University of Manchester
- Honorary Professor, University of Sheffield

Professor Charlotte Watts CMG FMedSci

- Chief Scientific Advisor, Department for International Development

Professor Carole Mundell

- Chief Scientific Advisor, Foreign and Commonwealth Office
- Professor of Extragalactic Astronomy, University of Bath
- Co-director, Lumnl Ltd.

Professor Sheila Rowan MBE FRS FRSE

- Grant holder and Council member, UK Research and Innovation (UKRI) and Science and Technologies Facilities Council (STFC)
- Professor, University of Glasgow
- Chief Scientific Adviser, Scottish Government
- Member, Scottish Government COVID-19 Advisory Group
- Member, Scottish Government Education and Children's Issues subgroup, Scottish Government
- Fellow, Royal Society
- Fellow, Royal Society of Edinburgh
- President Elect, Institute of Physics
- Index stockholder, FTSE

Professor Sir Ian Diamond FRSE FBA

- Board member, UK Research and Innovation (UKRI)
- Board member, Lancaster University
- Chair, Plan UK

- Chair of Acceptance of Gifts Group, British Academy
- Trustee, Population Investigation Committee

Professor Steve Powis FRCP

- National Medical Director, NHS England & NHS Improvement
- Honorary Professor of Renal Medicine, UCL
- Member, American Society of Nephrology
- Member, American Society of Transplant Physicians
- Member, Association of Physicians
- Member, British Medical Association
- Member, British Society for Immunology
- Member, British Transplantation Society
- Member, European Dialysis & Transplantation Association
- Member, Faculty of Medical Leadership and Management
- Fellow of the Royal College of Physicians of London
- Hon Fellow of the Royal College of Physicians & Surgeons of Glasgow
- Fellow of the Royal Society of Medicine
- Member, International Society for Nephrology
- Member, Renal Association
- Member, Royal Society of Medicine
- Member, The Transplantation Society
- Member, Worshipful Company of Cordwainers

From previous employment/other recent interests:

- Medical Director / Group Chief Medical Officer (from July 2017), Royal Free London NHS
- Foundation Trust (2005-18)
- Member of Governing Body, Merton Clinical Commissioning Group (2012-17)
- Director, Health Services Laboratories LLP (2014-17)
- Acting Chair, North Middlesex University Hospital NHS Trust (May 2006 - February 2007)
- Non-Executive Director, North Middlesex University Hospital NHS Trust (2003 – 2007)
- Trustee, Peter Samuel Royal Free Fund (charity no. 200049) 2006 – 18
- Trustee, JF Moorhead Trust (charity no. 263358) 2011 – 2018
- Trustee and Director, Healthcare Management Trust (charity no. 292880) 2013 – 2018
- Trustee and Director, Royal Free Charity (charity no. 1165672) 2016-19
- Editor-in-Chief BMJ Leader (2017-2018)

Professor Sharon Peacock FMedSci

- EU Scientific Advisory Board, Specific Technologies
- Scientific Advisory Board, Next Gen Diagnostics
- Recipient of research funding from UK Research and Innovation (UKRI), Wellcome and Department of Health and Social Care (DHSC) – COG-UK (April 2020 – Present)
- Recipient of research funding from Wellcome – Collaborative award (2019 – 2024)
- Recipient of research funding from Wellcome and DHSC – Health Innovation Challenge Fund (2014 – 2021)

Professor Maria Zambon FMedSci

- None

Professor Yvonne Doyle CB

- Visiting Professor, London School of Hygiene & Tropical Medicine
- Visiting Professor, University College London, Institute for Global Health
- Member of the General Advisory Council, The King's Fund for London
- Fellow of the RSA
- Co-applicant and collaborator on the Wellcome award 209376_Z_17_Z Pathways to Healthy Cities
- Previous Trustee (to 2019 in each case):
    - Royal Society for the Prevention of Accidents
    - London Sport.

Dr Gregor Smith

- None

Professor Ian Young

- Chair, UK Scientific Advisory Committee on Nutrition
- Chair, Joint Committee on Traceability in Laboratory Medicine (JCTLM)

Dr Rob Orford

- None

Fliss Bennee

- None

Professor Peter Horby

- Professor, University of Oxford
- Chair, New and Emerging Respiratory Virus Threats Advisory group
- Fellow, Royal College of Physicians
- Fellow, Faculty of Public health
- Gilead – Received remdesivir and placebo free of charge for the Wuhan trial
- Abbvie – Received lopinavir/ritonavir free of charge for RECOVERY trial
- Roche – Received tocilizumab free of charge for RECOVERY trial
- Regeneron – Received REGN-CoV2 and drug distribution free of charge for RECOVERY trial
- Recipient of research funding from UK Research and Innovation (UKRI)/ National Institute for Health Research (NIHR) – Grant to University of Oxford for COVID-19 clinical trial
- Recipient of research funding from UK Research and Innovation (UKRI)/ National Institute for Health Research (NIHR) – Grant to University of Oxford for RECOVERY/Phase 2 Therapeutic Trials Reconfiguration

Professor Graham Medley OBE

- Bill and Melinda Gates Foundation – Research grant income
- United States Agency for International Development (USAID) – Research grant income

- Member, UK Government advisory committees: SEAC, DHSC (various), and DEFRA
- Member, Infected Blood Inquiry, Statistics Expert Group
- Participated in Q&A organised with HSBC bank for which a donation was made to LSHTM COVID-19 Response Fund
- Contributed to an article in The Guardian for which a donation was made to LSHTM COVID-19 Response Fund.

Dr James Rubin

- NIHR Funding – PI of FluTEST, CO-I for COMIX, and various UKRI research grants relating to COVID-19
- NIHR Funding – Assistant Director of EPR HPRU
- Economic and Social Research Council (ESRC), National Institute for Health Research (NIHR), Department of Health and Social Care (DHSC), and Cabinet Office – PI of multiple grants
- Honorary non-medical consultant, Public Health England (PHE)
- Home Office and Cabinet Office – Paid consultancy
- Peer review (with honoraria) for Swiss, UK, Hong Kong, Poland and Kuwait funders related to COVID-19 applications
- UKRI – Grant and consultancy as Editor of information website
- Honorarium received for peer review from Fondazione Cariplo relating to COVID-19
- Honorarium received for rapid peer review from Lancet Public Health journal

Professor Cath Noakes OBE

- Co-director, Engineering and Physical Science Research Council (EPSRC) and University of Leeds, Centre for Doctoral Training in Fluid Dynamics
- Academic partner, EPSRC, Centre for Doctoral Training in Aerosol Science
- Principal Investigator, EPSRC research grant TRACK (2014 – 2022)
- National Institute for Health Research (NIHR) – Research grant on CONTACT (2020 – 2023)
- Theme 2 lead for Transmission study, HMG/National Core Study
- Principal Investigator, Natural Environment Research Council (NERC) – SPF Clean Air Network "Future Urban Ventilation Network" (2020 – 2023)
- Principal Investigator, EPSRC/University of Leeds/Leeds Teaching Hospitals/NHS Lanarkshire/IHEEM/Kings Lynn Hospital – research grant HECOIRA (2017 – 2021)
- Medical Research Council (MRC) /University of Leicester – Research grant "Targetting airborne bacterial infection" (2017 – 2019)
- Arts and Humanities Research Council (AHRC/Glasgow School of Art – Research grant "Influence of ventilation design on the prevalence of anti-microbial bacteria in homes" (2017 – 2019)
- Chair, EPSRC and UK Fluids Network, Low Energy Ventilation Network
- AHRC and University of Cambridge – Research grant "Excising Infection in the Surgical Environment" (2017 – 2019)
- Member, Indoor Air Journal/Building and Environment Journal/Indoor and Built Environmental Journal editorial boards
- Member, DHSC and ARCHUS group re-writing HTM03-01 guidance
- Member, Academy of Medical Sciences working group
- Co-author of Situation, Background, Assessment, Recommendation (SBAR), NHS Scotland – SLWG on dental aerosols
- Member, UK Research and Innovation (UKRI), SPF Clean Air steering group
- Member, World Health Organisation (WHO), Environment and Engineering Control Expert Advisory Panel (ECAP) for COVID-19

- DHSC and various communications companies – Expert guidance for various 'Hands, Face, Space' videos and social media content
- Invited speaker at numerous events, including NASA/Nature group, Healthcare Infection Society, British Society for Immunology, Aerosol Society, Health Facilities Scotland, UK Indoor Environments Group (UKIEG), Air Infiltration and Ventilation Centre (AIVC)
- Ad-hoc advice on COVID-19 transmission to several organisations via Government departments (theatres, sports bodies), NHS (dental/healthcare engineering bodies), Institution of Mechanical Engineers (IMechE), Chartered Institute of Building Services Engineers (CIBSE), and through personal contacts
- Guest on BBC Life Scientific

Professor Calum Semple OBE

- Minority shareholder and Infectious Disease Scientific Advisory Board Member, Integrum Scientific LLC
- Director and majority shareholder, Medex Solutions Ltd
- MRC, NIHR, and Wellcome – Grants to University of Liverpool for research on infectious diseases
- Chiesi Farmaceutici SpA – Gift of Clinical Trial Investigational Material

Professor John Edmunds OBE

- GSK – Partner was an employee until May 2020
- Various sporting and cultural bodies – Unpaid, ad-hoc advice to help reduce the risk of infection of COVID-19. A number of these have been organised via Department for Digital Culture Media and Sport (DCMS)

Professor Lucy Yardley FAcSS OBE

- Principal Investigator or co-Investigator, UK Research and Innovation (UKRI) /NIHR research grants to employers (University of Southampton and University of Bristol) obtained during COVID-19 pandemic

Professor Wendy Barclay

- Recipient of research funding from Roche – Funded research and travel to conference on Baloxavir antiviral drug
- Recipient of research funding from Sequirus – Funded travel and paid fees for expert advice on influenza vaccines

Professor Andrew Rambaut FRSE

- Recipient of research funding from Wellcome – Real-time viral genome sequencing
- Recipient of research funding from Bill and Melinda Gates Foundation – HIV genome sequencing
- Recipient of research funding from European Research Council – To develop methods for analysing virus genomes
- Recipient of research funding from Research Councils UK (RCUK) – COVID-19 Genomics UK (COG-UK) Coronavirus Genome Sequencing Consortium funding for analysis and sequencing

Professor Michael Parker

- Professor of Bioethics, Nuffield Department of Population Health, University of Oxford
- Chair, Genomics England, Ethics Advisory Committee
- Non-executive director, Genomics England
- Member of WHO Ethics Working Group on 2019-nCoV (coronavirus)
- Chair of 'Our Future Health' Ethics Advisory Committee
- Director of Wellcome Centre for Ethics and Humanities
- Wellcome research funding, including for:
    - Global Health Bioethics Network with partners at Wellcome Africa and Asia Programmes
    - Epidemics Ethics, a collaboration with the WHO and partners in Brazil, South Africa, and Singapore
    - Oxford-Johns Hopkins Global Infectious Disease Ethics Collaborative (GLIDE) collaboration with the Berman Institute for Bioethics at Johns Hopkins
- Member of DSHC Moral and Ethical Advisory Group (MEAG)
- Member of Advisory Steering Group for CO-CONNECT
- Provided unpaid ethics advice to NHSX on development of COVID-19 mobile contact tracing app.

Professor Sir Mark Walport FRCP FMedSci FRS

- Chief Executive, UK Research and Innovation (UKRI) (until 2020)
- Government Chief Scientific Adviser (2013-2017)
- Chair, Imperial College, Imperial Academic Health Sciences Centre
- Imperial College – Honorary Distinguished Professor of Medicine
- Senior Advisor and Member of the International Advisory Board, Brennan and Partners

Sir Jeremy Farrar OBE FMedSci FRS

- Director, Wellcome
- Member, Access to COVID-19 Tools Accelerator (ACT-Accelerator) Principles Group and Facilitation Council
- Founding partner and Board member, Coalition for Epidemic Preparedness Innovations (CEPI)
- Chair, WHO Research and Development Blueprint
- Chair, GRL (Genome Research Limited)
- Member, Temasek International Panel
- Member, Vaccine Taskforce
- Chair and founding member, Farrar Foundation
- Member, Hague Group
- Member, Global Preparedness Monitoring Board
- Fellow, National Academies of Science USA
- Vice Chair, Global Research collaboration for infectious disease preparedness (GLOPD-R)
- Member of council, Global Health Innovative Technology Fund (GHIT) fund
- Member of council, OSCHR (Office for Strategic Coordination of Health Research)
- Member, Strategic Coherence of ODA-funded Research (SCOR) board
- Advisory board, New England Journal of Medicine
- Member, Life sciences industrial strategy board
- Member, Research Funding Advisory Board for the Singapore Prime Minister's Office
- Member, Temasek board

- Board of Directors, Geneva Science and Diplomacy Anticipator (GESDA)
- Fellow, Academy of Medical Sciences
- Member, Federal Government Germany Global Health Advisory Board
- Advisor to Tedros Adhanom Ghebreyesus, WHO (World Health Organisation)
- Member, Aga Khan Foundation board

Sir Venki Ramakrishnan PRS

- Former President, The Royal Society (until November 2020)
- Group Leader, MRC Laboratory of Molecular Biology, Cambridge
- Vice-Chairman, World Laureates Association
- Scientific Partner, Ahren Innovation Capital
- Research Investigator Award, Wellcome

Professor Sir Ian Boyd FRSE

- Professor in Biology, University of St Andrews
- Chairman, UK Research Integrity Office
- Trustee, National Oceanography Centre
- Non-executive Director, Fera Science Limited
- Adviser, Ocado Ltd
- Chairman of Science Advisory Board, INSITE (Oil and Gas UK)/Natural Environment Research Council (NERC) Advisory Board on Offshore Decommissioning
- Chairman of Steering Committee, Natural Environment Research Council Sustainable Management of Marine Ecosystems Research Programme
- Member of Steering Group, Royal Society Living Landscapes Programme
- Member and Fellow, Royal Society Science Policy Advisory Group
- Member of Steering Committee, Royal Society Biodiversity Programme
- Member and Fellow, Royal Academy of Engineer End of Life Advisory GP
- Member of Steering Group, Biotechnology and Biological Sciences Research Council/Innovate UK Transforming Food Production
- Contributor, International Network of Government Science Advisers (INGSA)
- Sustainability Board Chair, University of St Andrews
- Trustee, Campaign for Science and Engineering
- Trustee, Hebridean Trust
- Fellow, Royal Society of Edinburgh
- Fellow, Royal Society of Biology
- Member, Livestock, Environment and People Research Programme, University of Oxford
- Member, Royal Society of Edinburgh Commission on Post COVID-19 Futures

Professor Julia Gog OBE

- Receipt of research grant from UK Research and Innovation (UKRI)
- Co-PI of JUNIPER consortium
- Professor of Mathematical Biology, University of Cambridge
- Fellow, Queens' College, Cambridge
- Honorary Member, The Mathematical Association

Dr Nicola Steedman

- Honorary Professor at Glasgow Caledonian University

Professor Brooke Rogers OBE

- Scientific Advisory Group for Emergencies (SAGE) Participant during COVID-19 (2020 – ongoing)
- Co-Chair of the Independent Scientific Pandemic Insights Group on Behaviour (SPI-B) in response to COVID-19 (2020 – ongoing)
- DEFRA CBRN Recovery Science Advisory Group
- International Olympic Committee Independent Expert Panel (2020 – ongoing)
- National Preparedness Commission (2020 – ongoing)
- Professor of Behavioural Science and Security, King's College London (Department of War Studies)
- Officer of the Most Excellent Order of the British Empire (OBE)
- Chair, Home Office Science Advisory Council (HOSAC)
- Chair, Cabinet Office Behavioural Science Expert Group (BSEG) for the National Risk Assessment (NRA) and National Security Risk Assessment (NSRA)
- Member, Home Office Science and Technology Oversight Governance Board
- Member, Home Office, Office for Security and Counter Terrorism (OSCT), Science, Technology, Analysis and Research (STAR), Programme Challenge Board
- Member, Department for Environment Food and Rural Affairs (DEFRA) Chemical Biological Radiological Nuclear (CBRN) Recovery Science Advisory Group
- Member, Cabinet Office Communities Prepared National Group
- Member, Cabinet Office Infrastructure Security and Resilience Industry Forum (ISRIF)
- Member, Greater London Authority (GLA) London Resilience Communicating with the Public Group
- Member, Greater London Authority (GLA) London Resilience Academic Group
- Member, UK Cabinet Office Community Resilience Guiding Principles Advisory Board
- Member, UK Cabinet Office Community Resilience Programme Steering Group
- Member of the Combating Jihadist Terrorism and Extremism (CO-JIT) Editorial Advisory Board
- Member, London Resilience Partnership Counter-Terrorism Preparedness and Societal Resilience (CTPSR) Academic Advisory Board
- External Advisor, Centre of Excellence in Terrorism, Resilience, Intelligence and Organised Crime (CENTRIC) Research Advisory Board
- International Advisory Board for the 'Resilience, International Policies, Practices and Discourses' (Taylor and Francis journal)
- Fellow, Royal Society for the Encouragement of Arts, Manufacture and Commerce (RSA)
- Fellow, Higher Education Academy
- Owner/Director of Disasters, Extremism, Terrorism, Emergency Response (DETER) Analysis, Ltd.
- Friends of Wimbledon Choral Society
- Omicron Delta Kappa (National Leadership Society, USA)
- Psi-Chi (Psychological Honour Society, USA)

Past

- Member of the Society for Risk Analysis (SRA)
- Member of the Public Health England Emergency Response Development Group's Psychosocial and Behavioural Issues Sub-group (ERDB PBI)
- Member of The National Academies of Sciences Engineering and Medicine Challenges in Initiating and Conducting Long-term Health Monitoring of Populations Following Nuclear and Radiological Emergencies in the United States Workshop Organising Committee

- Member of the Reduce Explosive Violence, Increase Victim Empowerment (REVIVE) Advisory Board
- Member of the International Atomic Energy Agency (IAEA) Expert Consulting Group on Emergency Public Communication (Drafting of DS475 IAEA Safety Standards)
- Member of the International Atomic Energy Agency (IAEA) Expert Consulting Group on 'Communicating with the Public in a Nuclear or Radiological Emergency'
- Honorary Research Fellow Emergency Response Department of Public Health England (PHE)
- Member of the Cabinet Office High Impact Threats Expert Group
- The Royal Society's Standing Committee on Scientific Aspects of International Security
- Engineering and Physical Sciences Research Council (EPSRC) Mentor for the 'Who Do You Think You Are?' IDEAS Factory Sandpit and Sandpit Projects
- Canadian Research and Technology Initiative (CRTI) Subject Matter Expert
  DEMOS Resilient Nation Advisory Board
- In receipt of research funding from:
    - National Institute of Health Research (NIHR),
    - The European Commission (EC)
    - EPSRC
    - ESRC
    - AHRC
    - Centre for the Protection of National Infrastructure (CPNI)
    - Deloitte
    - Government Digital Service (GDS)
    - Avon and Somerset Police
    - Home Office
    - CDE
    - Defence Science and Technology Laboratories (DSTL)
    - Institut de Radioprotection et de Surete Nuclearie IRSN
    - British Energy
    - EDF
    - British Psychological Society (BPS)
    - Unilever
- Consulting, Lectures, and Media Fees Received From:
    - Cabinet Office
    - Home Office
    - DSTL
    - BBC
    - ITV
    - SKY
    - France 24
    - Emergency planning College
    - Prospect Magazine
    - RUSI
    - IISS
    - International Centre for Parliamentary Studies (ICPS)
    - Northeastern University Institute for the International Education of Students (IES Abroad)
    - Indiana University – Purdue
    - Public Policy Exchange
    - University of London International Programmes
    - IAEA
    - Canadian Government

- US Government
- Voice of Russia Radio
- AON Risk Solutions
- NATO
- Redline Aviation
- CENTRA Technology
- DURACORP
- London Technology Network Business Fellow

Sir Michael Ferguson CBE FRS FRSE FMEDSci FRSB

- Chair, DHSC Scientific Advisory Group on antibody testing for COVID-19
- Deputy Chair, Wellcome, Board of Governors
- Member, Medicines for Malaria Venture, Board of Directors

Professor Mark Wilcox

- Scientific Board, consultancy advice, expenses to attend meetings, speaking commitments, research funding, European Tissue Symposium (ETS)
- Recipient of research funding; provided consultancy (infection prevention/control) advice; shareholder, Surfaceskins

David Seymour

- Director, Fusion48 Limited

Professor Sir Stephen Holgate CBE FMedSci

- Member, Royal College of Physicians
- Member, MRC Post Hospitalisation COVID-19 study (PHOSP-COVID) Monitoring Group, Scientific Advisory Board
- Chair, LifeArc, Grants Panel
- Chair, BREATHE Health Data Research Hub for Respiratory Health, Scientific Advisory Board

Professor Russell Viner PRCPCH

- President, Royal College of Paediatrics and Child Health
- Vice-chair, NHS England Children's Transformation Board
- Recipient of research funding from NIHR, MRC, Wellcome

Dr Shaun Fitzgerald FREng

- Royal Academy of Engineering Visitor Professor, University of Cambridge
- Founder and shareholder, Breathing Buildings (until 2018)

Professor Timothy Sharpe

- Research interests, UK Research and Innovation (UKRI)

- Investigator, Gannochy Trust consultancy project
- Investigator, ABC Architects consultancy project
- Topic Expert, National Institute for Health and Care Excellence Public Health Advisory Committee on Indoor Air Quality
- Specialist committee member, Indoor Air Quality at home Quality Standards Advisory Committee, National Institute for Health and Care Excellence Public Health Advisory Committee on Indoor Air Quality
- Expert opinion, Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of Physicians (RCP) working group on The Effects of Indoor Air on Children's Health Across the Lifecourse
- Chair, National House Building Council (NHBC) Scotland Technical Committee
- Member, NHBC Scotland Committee
- Member, NHBC Construction Quality Expert Panel
- Expert witness, Environmental Research Ltd.
- Investigator, Arbnco consultancy project
- Expert opinion, British Standards
- Research interest, Scottish Funding Council

Baroness Dido Harding

- Chair, NHS Improvement

Professor Andrew Morris FMedSci FRSE

- Director, Health Data Research UK
- Vice Principle and Professor of Medicine, University of Edinburgh
- Member, Council of Reference of Academic Health Solutions
- Fellow, Academy of Medical Sciences
- Member, Novartis Industrial Council
- External consultant, Government of British Columbia
- Fellow, Royal Society of Edinburgh
- Member, Association of Physicians of Great Britain and Ireland
- Fellow, Royal College of Physicians of Edinburgh
- Fellow, Royal College of Physicians of Glasgow,
- Member, Diabetes UK
- Shareholder, GSK
- Co-founder and Director, Aridhia Informatics (Until June 2015)
- Chairman, NES Digital Board (Until January 2020)
- Member, BUPA Medical Advisory Council (Until 2019)
- Member, Scottish Executive Health Department eHealth Strategy Board (Until 2017)
- Member, NHS Tayside Board (Until 2011)
- Chairman, Generation Scotland Scientific Committee (Until 2010)
- Dean, University of Dundee, School of Medicine (Until 2014)
- Chief Scientist, Scotland (Until 31st July 2017)
- Director, Farr Institute (Until 2017)
- Chairman, Health Science Scotland (Until 2017)
- Chairman, Academy of Medical Sciences Data and Infrastructure sub-group Report on Stratified Medicine (Until 2014)
- Chairman, Scottish Government Data Linkage Programme Board (Until 2014)

- Member, Scottish Government 2020 Vision Board (Until 2013)
- Member, Life Sciences Advisory Board for Scotland (Until 2017)
- Member, MRC Stratified Medicine Oversight Board and Scientific Committee (Until 2017)
- Member, MRC expert review group on Digital Pathology (Until 2014)
- Member, Wellcome/MRC/ESRC/Cancer Research UK Expert Advisory Group on Data Access (EAGDA) (Until 2017)
- Member, UK Treasury Office of Strategic Co-ordination of Health research (Until 2017)
- Member, Board for Academic Medicine Scotland (Until 2017)
- Member, Innovation Partnership Board (Until 2017)
- In attendance, Scottish Government Health Directorates Management Board (Until 2017)
- In attendance, Stratified Medicine Scotland Innovation Centre Board (Until 1st Dec 2015)
- Director, Usher Institute of Population Health Sciences and Informatics, University of Edinburgh (Until 2017)
- Member, Bevan Commission (Until 31st July 2017)
- Occasional scientific advisory and consultancy work and honoraria in the fields of biomedical science.

Dr Jim McMenamin

- Research interests, NIHR/HTA/MRC
- Research interests, MRC
- Research interests, ECDC
- Research interests, PHE and Devolved Administrations Health Protection teams

Professor Matt Keeling

- Recipient of research funding from MRC, ESPRC, Biotechnology and Biological Sciences Research Council (BBSRC), Bill and Melinda Gates Foundation

Professor Harry Rutter

- Professor of Global Public Health, University of Bath
- Member, Science Advisory Council, Department for Digital, Culture, Media and Sport
- Co-Chair, The Lancet-Chatham House Commission on Population Health Post COVID-19
- Recipient of research funding from NIHR, The Health Foundation, and European Commission Horizon 2020 programme

Professor Andrew Hayward

- Trustee, Pathway Homeless Health Care Charity
- Recipient of research funding from UK Research and Innovation (UKRI)
- Director, UCL Institute of Epidemiology and Health Care

Professor Christine Middlemiss

- None

Professor David Lalloo

- None

Dr Indra Joshi

- None

Alaster Smith

- None

Professor Dame Theresa Marteau FMedSci

- None

Dr Ian Hall

- Honorary contract, Public Health England (funded to University of Manchester)
- Principle Investigator, NIHR
- Participant, MRC JUNIPER consortium
- Participant, HSE National transmission study

Professor Paul Cosford

- None

Dr Jenny Harries OBE

- Honorary Professor, Chester University
- On loan from Public Health England to DHSC

Professor Kamlesh Khunti FRCP FRCGP FMedSci

- Trustee, South Asian Health Foundation
- Chair, South Asian Health Foundation, Diabetes Working Group
- Director, The Centre for Black and Minority Ethnic (BME) Health
- National Applied Research Collaboration (ARC) Lead for Ethnicity and Diversity, NIHR
- Fellow, Academy of Medical Sciences
- Fellow, Royal College of Physicians of London
- Fellow, Royal College of General Practitioners
- Member, Independent SAGE
- Consultant, speaker or received grants for investigator-initiated studies:
    - Astra Zeneca
    - Novartis
    - Novo Nordisk
    - Sanofi-Aventis
    - Lilly
    - Merck Sharp and Dohme

- Boehringer Ingelheim
- Bayer
- Berlin-Chemie AG / Menarini Group
- European Association of Centres of Medical Ethics (EACME)
- Janssen
- Napp
- WebMD

Professor Phil Blythe

- Chief Scientific Advisor, Department for Transport
- Vice President and Trustee, Institute of Engineering and Technology (IET)
- Professor, Newcastle University
- Co-Investigator, UK Research and Innovation (UKRI) TRACK project

Professor Gideon Henderson FRS

- Chief Scientific Advisor, Department for Environment, Food and Rural Affairs
- Non-Executive Director, Fera Science Ltd
- Employee (20% FTE), University of Oxford

Professor Alan Penn

- Chief Scientific Advisor, Ministry of Housing, Communities and Local Government
- Professor, UCL
- Non-executive Chair of the Board, Space Syntax Ltd
- Minor shareholder (8%), Space Syntax Ltd

Osama Rahman

- Director of Analysis and Chief Scientific Adviser, Department for Education

Professor Sir David Spiegelhalter FRS

- None

Dr Mike Short CBE

- Chief Scientific Adviser, Department for International Trade
- Visiting Professor, University of Surrey
- Visiting Professor, Coventry University
- Visiting Professor, Lancaster University
- Visiting Professor, University of Leeds
- Chairman, UCL, iSense Advisory Board
- Chairman, UCL MSc in Telecomms Engineering Examination Board
- Employee, Telefonica UK (Until 2017)

Professor Iyiola Solanke

- None

Dr Cathy Roth

- None

Professor Rebecca Allen

- None

Professor Charles Bangham

- None

Professor Jonathan Benger

- None

Mr Allan Bennett

- Principal Investigator, UK Research and Innovation (UKRI) and National Institute for Health Research (NIHR) funded project - Understanding environmental and airborne routes of transmission.

Professor Chris Bonell

- None

Professor Peter Bruce FRS

- None

Caroline Cake

- None

Gavin Dabrera

- None

Professor Deborah Dunn-Walters

- Recipient of research funding, UK Research and Innovation (UKRI)
- Trustee, British Society for Immunology
- Trustee, Dunhill Medical Trust

Professor Neil Ferguson OBE FMedSci

- Principal Investigator, Medical Research Council (MRC) grant – MRC Centre for Global Infectious Disease Analysis
- Principal Investigator, National Institute for Health Research (NIHR) grant – Health protection research unit for modelling and health economics
- Principal Investigator, Bill and Melinda Gates Foundation and Gavi, the Vaccine Alliance grant – Vaccine Impact Modelling Consortium
- Principal Investigator, Community Jameel grant - Abdul-Latif Jameel Institute of Disease and Emergency Analytics
- Co-investigator, UK Research and Innovation (UKRI) grant - UK COVID-19 modelling
- Co-investigator, NIHR grant - Modelling of vaccines for emerging infectious disease threats
- Director, World Health Organisation (WHO), Collaborating Centre for Infectious Disease Modelling
- Advisor, WHO – Multiple disease topics including COVID-19
- Consultant, World Bank – Pandemic threats (Before 2020)
- Member, New and Emerging Respiratory Virus Threats (NERVTAG)
- Member, Advisory Committee on Dangerous Pathogens (ACDP)
- Member, Scientific Pandemic Influenza Group on Modelling (SPI-M)
- Advisor, US Government agencies, departments and states – Pandemic modelling, planning and response
- Recipient of cloud computing time from Microsoft and Amazon for Imperial College MRC Centre COVID-19 modelling

Professor Kevin Fenton

- None

Dr Aidan Fowler

- None

Dr David Halpern

- National What Works Advisor
- 7.5% shareholder, Behavioural Insights Ltd
- Professor, National University Singapore, honorarium
- Visiting Professor, Imperial College London, Unpaid
- Visiting Professor, Kings College London, Unpaid
- Fellow, Academy of social sciences, Unpaid
- Trustee, Heywood Foundation, Unpaid

Dr Demis Hassabis CBE FRS

- None

Professor Vittal Katikireddi

- Recipient of research funding from Medical Research Council (MRC), UK Research and Innovation (UKRI), CSO, Health Foundation, European Research Council, Swedish Research Council, Baillie Gifford.
- Co-chair of the Expert Reference Group on ethnicity and COVID-19, Scottish Government
- Honorary Consultant in Public Health, Public Health Scotland

Dr Ben Killingley

- None

Professor Janet Lord

- Recipient of research funding from UK Research and Innovation (UKRI)

Dr Laura Merson

- Recipient of research funding from Wellcome, Research England, University of Oxford

Professor Susan Michie FMedSci FAcSS

- Professor of Health Psychology and Director of the Centre for Behaviour Change, University College London (Co-Investigator of research projects including behavioural aspects of Covid-19 transmission)
- Unlocking Behaviour Change, Director

Dr Pasi Penttinen

- Expert, European Centre for Disease Prevention and Control

Professor Guy Poppy

- Professor of Ecology in Biological Sciences, University of Southampton (2001 – Ongoing)
- Chief Scientific Adviser, Food Standards Agency (August 2014-July 2020)
- Director of Strategic Priorities Fund, UK Research and Innovation (UKRI) (Transforming the UK food system for healthy people and a healthy environment) (2019 – Ongoing)
- UK scientific representative, European Cooperation in Science and Technology (COST)
- Scientific committee member, Food and Environmental Research Agency (FERA)

Professor Tom Rodden

- Chief Scientific Advisor, Department for Digital, Culture, Media and Sport
- Professor of Computing, University of Nottingham

Dr Rhoswyn Walker

- None

Professor Paul Moss

- Medical Advisory Board, The Binding Site
- Principal Investigator, UK Coronavirus Immunology Consortium; Programme Grant holder on viral immunology – Medical Research Council
- Consultant, Oxford Immunotec - Advice in December 2020 on appropriate use of T cell assys

Professor Dame Anne Johnson

- Employee, UCL
- Co-investigator, NIHR and UKRI virus watch study (COVID)
- Member, COVID National Core Studies (NCS) Oversight Group
- Chair, MRC and UKRI Accelerating Detection of Disease cohort scientific advisory group
- Recipient of research income from Engineering and Physical Sciences Research Council (EPSRC) - iSense project
- Member, Medical Research Council PRP Advisory Group
- Member, COVID Research and innovation task force, UK Research and Innovation (UKRI)
- President, formerly Vice-President international, Academy of Medical Sciences (since December 2020)
- LUSTRUM grant coinvestigator and National Institute for Health Research (NIHR) Emeritus senior investigator
- Member, Royal Society DELVE committee on COVID-19
- Chair, OSCHR Sub-committee for Strategic Co-ordination of Health of the Public Research (SCHOPR)

Dr Mike Prentice

- None

Dr Thomas House

- None

Dr Atiya Kamal

- None

Professor Iain E. Buchan

- Senior Investigator, NIHR
- Chief Data Scientist Advisor, AstraZeneca (via University of Liverpool)

Dr Jeanelle de Gruchy

- None

Professor Sarah Walker OBE FMedSci

- None

Professor Charlotte Deane

- Professor, University of Oxford
- Fellow, St Annes College Oxford
- Individual consultancy advisory engagements, Roche, UCB, Confotherapeutics
- In receipt of research funding from EPSRC, MRC, BBSRC, Rosetrees foundation, Roche, GSK, UCB, AstraZeneca, Boehringer Ingelheim, Exscientia, Kymab, BenevolentAI, Life Arc, Global Phasing
- Chair of UKRI Covid-19 Research and innovation taskforce

Dr Michael Marks

- Co-Investigator on the PHOSP-COVID Grant through DHSC/MRC
- Principal Investigator on the grant "Understanding Transmission of COVID-19 in North London Communities" through NIHR
- Principal Investigator on the grant "COVID Surveillance Intensification Network Ghana" through EDCTP.

Professor Isabel Oliver

- Director of NIS PHE
- Co-director NIHR Health Protection Research Unit on Behavioural Science and Evaluation
- 2020 – UKRI / MRC COVID-19 Rapid response call (MC_PC_1907) A mixed-methods evaluation of advice on isolation and health-seeking to contain transmission Start date 30/03/2020
- 2020 – DHSC / PHE- Evaluation Detection of SARS-CoV-2 AntiBodies using HOME test kits (EDSAB-HOME study) PI - £200,000 start up costs.
- 2019 – NIHR HEALTH PROTECTION RESEARCH UNIT (HPRU)- Behavioural Science and Evaluation Co-lead applicant April 2020-March 2025 NIHR200877 £4,000,000

Professor Chris Dye

- None

Professor Sir Colin Humphreys

- None

Dr Declan T Bradley

- FFPH-Interim Deputy Chief Medical Adviser, Department of Health (Northern Ireland)
- Clinical Lecturer in Public Health Medicine, Queen's University Belfast
- Consultant in Public Health Medicine, Public Health Agency
- Recipient of current or pending research funding from HDR-UK, MRC and UKRI

Professor Dame Linda Partridge FRS FMedSci FRSE

- Biological Secretary and Vice-President, Royal Society
- Director, Max Planck Institute for Biology of Ageing, Cologne, Germany
- Professorial Fellow, UCL
- Research funding from MRC, BBSRC, ARUK, Wellcome, ERC, Max Planck Society

Professor Wei Shen Lim

- Chair, COVID-19 Immunisation, Joint Committee on Vaccination and Immunisation.
- Co-investigator, RECOVERY TRIAL
- Research funding Grants to Nottingham University Hospitals NHS Trust from UKRI, NIHR and Pfizer
- Member, Expert Panel, NICE COVID19 Rapid Guideline, AcuteCOVID19
- Member, National Clinical Policy, Specialised Commissioning Group – Remdesivir, Tocilizumab
- Member, New and Emerging Respiratory Viral Threats Advisory Group (NERVTAG)

Professor Jennifer Rubin

- Chief Scientific adviser, Home Office
- Director General of Science, Technology, Analysis, Research and Strategy (STARS)

Professor Paul Monks

- Professor of Chemistry, University of Leicester
- Fellow, Royal Society of Chemistry
- Fellow, Royal Meteorological Society
- Research grants from the Biotechnology and Biological Sciences Research Council (BBSRC) and the National Environment Research Council (NERC)
- Member, National Space Centre Operation Board

WHEN
IS THE END?
#COVID19